

## Sponsor Form

Please help me raise as much money as possible for the Bugs Fund at Salisbury District Hospital by sponsoring me below

Details:								
Title First Name _		Surname						
Address								
Postcode:	Tel No: .	8						
you confirm the following: I confirm to Sports Club (CASC) named above to	otra on each sponsorship donation, without I am a UK Income or Capital Gains to o reclaim tax on the donation detailed be ear than the amount of Gift Aid claimed or ry £1 that I have given.	expayer. I have read this statement slow, given on the date shown. I und	and want the charity derstand that if I pay I	or Community Amateur ess Income Tax / or	giftaid it			
Full Name (first name and surname) Required for Gift Aid	Home Address Required for Gift Aid	Postcode Required for Gift Aid	Amount	Date Given Required for Gift Aid	Gift Aid* Tick Here			

Full Name (first name and surname) Required for Gift Aid	Home Address Required for Gift Aid	Postcode Required for Gift Aid	Amount	<b>Date Given</b> Required for Gift Aid	Gift Aid* Tick Here
					)
When you have collected your sponsor money:		ney:	l've raised a total of £		

Please send cheques for the total amount made payable to The Stars Appeal along with your sponsor forms to:

The Stars Appeal – BUGS Fund **Salisbury District Hospital** Salisbury SP2 8BJ

Tel: 01722 429005 Email info@starsappeal.org



To be completed by the Stars Appeal

Date received

Gift Aid eligible

