

**Fundraiser's Details:** 

Title: \_\_\_\_\_ Forename: \_\_

I'm trekking to Colombia's Lost City in support of

## TREKKER'S SPONSOR FORM

In 2024 I'm trekking through rainforest to Colombia's Lost City to raise money for the Stars Appeal. My fundraising and your sponsorship will help improve the lives of local patients and the staff who help them in all wards and departments of the hospital.

## Please help me to raise as much as possible by sponsoring me:

\_ Surname: \_

Address					
Postcode:	Tel No:				
you confirm the following: I confirm the donation detailed below, given o equal to the amount of tax that all the	ktra on each sponsorship donation, without it conthat I am a UK Income or Capital Gains taxpayers in the date shown. I understand that I must pay be charities and CASCs I donate to, will reclaim lerstand the charity will reclaim 25p of tax on expenses.	er. I have read this stateme or an amount of Income Tax on my gifts for that tax yea	ent and want the Stars Ap and/or Capital Gains Tax	peal to reclaim tax on in the tax year at least	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
rioquirou for anterita					
Set up an online sponsor fo	orm using JustGiving at	Sub To	talı f		PLEASE

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	I'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 Salisbury District Hospital** Salisbury SP2 8BJ

Tel. 01722 429005 Email info@starsappeal.org

**THANK YOU** 

To	be	com	ple	eted	by
the	St	ars	Ap	peal	

Date received

Gift Aid eligible amount