

Walk for Wards

Sponsor Form

Please sponsor me to Walk for Wards on Sunday 7th July 2024 in aid of Salisbury Hospital's Stars Appeal.

Walker's Details:

| Title: | Forename: | Surname: |
|------------|-----------|----------|
| Address: _ | | |
| | | |

Postcode:

Tel No:

I am raising money for (please tick):

Every Patient Fund

To help fund projects benefitting patients across the hospital.

A specific ward, department, project or fund. Please state in the box below

e.g. Pembroke Unit, Cardiac Care, Breast Unit, ArtCare, Stroke Unit, Engage, Neonatal Unit, Chaplaincy, Children's Ward, Spinal Unit, Benson Suite, Downton Ward, Dementia Care, Wi-Fi, Foot Care.

Gift Aid:

*The Stars Appeal can claim 25% extra on each sponsorship donation, without it costing you a penny extra, through the Gift Aid Scheme. By ticking the box you confirm the following: I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want the Stars Appeal to reclaim tax on the donation detailed below, given on the date shown. I understand that I must pay an amount of Income Tax and/or Capital Gains Tax in the tax year at least equal to the amount of tax that all the charities and CASCs I donate to, will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 25p of tax on every £1 that I have given.

| 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 | |
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| Set up an online sponsor form at www.justgiving.com/salisburyho | | | | | | |

Download and print off more sponsor forms at www.starsappeal.org

Sub Total: £



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The Stars Appeal, Salisbury District Hospital, Salisbury, Wiltshire SP2 8BJ (tel. 01722 429005) Registered in England as Salisbury District Hospital Charitable Fund. Registered Charity Number: 1052284

| 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 | | | | |
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| Please tick here if you do not require Please tick here if you do not require an acknowledgement. | | | | | | | | | |
| When you have collected your sponsor money: I've raised a total of £ | | | | | | | | | |
| | or the total amount made pay | | To be com | | | | | | |

The Stars Appeal along with your sponsor forms to: The Stars Appeal

Salisbury District Hospital Salisbury SP2 8BJ Tel. 01722 429005

Tel. 01722 429005 Email info@starsappeal.org



To be completed by the Stars Appeal

Date received

Gift Aid eligible amount