



# Walk for Wards

## Sponsor Form

Please sponsor me to Walk for Wards on Sunday 7<sup>th</sup> 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.

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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

Set up an online sponsor form at [www.justgiving.com/salisburyhc](http://www.justgiving.com/salisburyhc)  
Download and print off more sponsor forms at [www.starsappeal.org](http://www.starsappeal.org)

**Sub Total: £**

**PLEASE  
TURN  
OVER**

