



First name:



President: The Earl of Pembroke

PLEASE TURN OVER

Sponsor Form

Set up your online JustGiving page at www.justgiving.com/salisburyhc

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

Walker's details:

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

Surname:

Address:									
Postcode: Telephone:									
Lam 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. For example: Pembroke Unit, Cardiac Care, Breast Unit, Stroke Unit, Engage, Neonatal Unit, Chaplaincy, Children's Ward, Spinal Unit, Benson Suite, Downton Ward, Dementia Care, Wi-Fi.									
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 Stars Appeal to reclaim tax on the donation detailed below, given on the date shown. I understand that if I pay less Income Tax / or Capital Gains tax in the current tax year than the amount of Gift Aid claimed on all of my donations, it is my responsibility to pay any difference. 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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Sub Total: £

Full name	Home address	Postcode	Amount	Date given	Gift Aid*
(First name and surname) Required for Gift Aid	Required for Gift Aid	Required for Gift Aid		Required for Gift Aid	Tick here
Required for our Aid					
	I		<u>I</u>	I	
Please tick here if you do not re	equire an acknowledgement. Please tick	here if you do not re	quire your fundro	ising rewards.	
Mhan usu hana salla	ated varue an ananan manan				
vvnen you nave colle		have raised	£		
Please send cheques for the	ne total amount made payable	a total of:			
	with your sponsor forms to:				
The Stars Appeal		To be completed	d by The Stars	s Appeal:	
Salisbury district nospital					
Salisbury, Wiltshire SP2 8B.	support				
Tel: 01722 429005 Email: info@	Ostarsappeal.org	Gift Aid eligible amo	unt:		