



Your Hospital Your Health Your Charity

Charity no. 1052284

Sponsor Form

Every day the Stars Appeal helps hundreds of patients at Salisbury District Hospital and the NHS staff who care for them.

Please help me raise as much money as possible for the Stars Appeal by sponsoring me below.

Participant's details:

Title: First name: Surname:

Address:
.....

Postcode: Telephone:

Fundraising event / activity: Date:

I wish to direct my donation as follows:

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Every Patient Fund (General) | <input type="checkbox"/> Neonatal Unit | <input type="checkbox"/> Benson Suite |
| <input type="checkbox"/> Children's Ward | <input type="checkbox"/> Cardiac Care | <input type="checkbox"/> Breast Unit |
| <input type="checkbox"/> Pembroke Unit (Cancer Care) | <input type="checkbox"/> Elderly Care | <input type="checkbox"/> Other:..... |

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 headed 'Gift Aid' 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.

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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

You can also set up an online fundraising page here:

www.justgiving.com/charity/salisburyhc

Or download and print more sponsorship forms at www.starsappeal.org

Sub Total: £

PLEASE TURN OVER

