

# Walk for Wards

at Wilton House | Sunday 5th July 2026



President: The Earl of Pembroke

## Sponsor Form

Please sponsor me to Walk for Wards on Sunday 5th July 2026 in aid of Salisbury District Hospital's Stars Appeal.

### Walker's details:

Title: ..... First name: ..... Surname: .....

Address: .....

.....

.....

Postcode: ..... Telephone: .....

### 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.**

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.

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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

