





tax year it is our responsibility to pay any difference. We understand the charity will reclaim 25p of tax on every £1 that we have given

date shown. We each confirm that we are UK taxpayers and understand that if we pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all our donations in that We, who have given our names and addresses below, and who have ticked the box headed 'Gift Aid', want the charity named above to reclaim tax on the donation detailed below, given on the



Tel: 01305 261800 Cromwell Road Trimar House Weymouth DT4 0JH

Weldmar Hospicecare

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eques made pa									SAW	Mr/ Mrs/Miss/Ms		
Cheques made payable to Weldmar Hospicecare								ā	Jame	First Name	Name	
picecare									Smith	Surname	me	
,									DT239ZZ	Home Postcode		
neques made payable to Weldmar Hospicecare Total amount collected carried forward £									1 Alphabet Street, Weymouth, Dorset	Full Home Address		
									£5.00	£ amount		
									V	Gift Aid		
									1/4/10	Date Paid		
This form must be completed by the person who is sponsoring yo												

Cheques made payable to Weldmar Hospicecare Mr/ Mrs/Miss/Ms In order to obtain Gift Aid this form must be filled in by the individual sponsor First Name Name Surname Home Postcode **Full Home Address** Total amount raised 3 £ amount √Aid Aid Date Paid