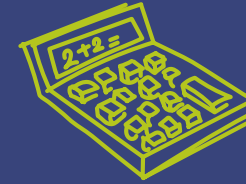




**Southampton
Hospitals
Charity**

Charity Registration Number: 1051543

A+ Sponsorship Form



Supporting



Since the NHS was founded on 5 July 1948, it has always innovated and adapted to meet the needs of each generation. As we mark this milestone, it is a time to celebrate our past, but more importantly, a time to think about a future where we continue to put patients first.

Please sponsor me (participant name): _____ Participant's Address: _____

To (name of event): _____ Postcode: _____

In aid of (ward/department): _____ Telephone: _____ Email: _____

Gift Aid: If I have ticked the box headed 'Gift Aid? ✓', I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want the named above 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.

Remember: You must provide your full name, home address, postcode & tick '✓' Gift Aid for the charity to claim tax back on your donation.

| ** | Sponsor's Full Name (First name and surname) | Sponsor's Full Home Address Only needed if are Gift Aiding your donation. Don't give your work address if you are Gift Aiding your donation. | Postcode | Donation Amount | Date Paid | Gift Aid ✓ | Join Mailing List ✓ |
|----|---|---|----------|-----------------|-----------|---------------|------------------------|
| 1 | | | | £ | | | |
| 2 | | | | £ | | | |
| 3 | | | | £ | | | |
| 4 | | | | £ | | | |
| 5 | | | | £ | | | |
| 6 | | | | £ | | | |
| 7 | | | | £ | | | |
| 8 | | | | £ | | | |

Please return completed forms to: Southampton Hospitals Charity, Mailpoint 135, Southampton General Hospital, Tremona Road, Southampton, SO16 6YD.



023 8120 8881



fundraising@uhs.nhs.uk



southamptonhospitalscharity.org/schools

**Must be completed by sponsor



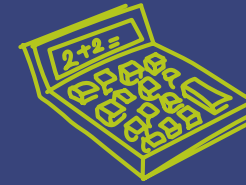
**Southampton
Hospitals
Charity**

Charity Registration Number: 1051543

A+



Sponsorship Form



Supporting



| ** | Sponsor's Full Name (First name and surname) | Sponsor's Full Home Address Only needed if are Gift Aiding your donation. Don't give your work address if you are Gift Aiding your donation. | Postcode | Donation Amount | Date Paid | Gift Aid ✓ | Join Mailing List ✓ |
|----|--|--|-----------------|---------------------------------|------------------|----------------------|-------------------------------|
| 9 | | | | £ | | | |
| 10 | | | | £ | | | |
| 11 | | | | £ | | | |
| 12 | | | | £ | | | |
| 13 | | | | £ | | | |
| 14 | | | | £ | | | |
| 15 | | | | £ | | | |
| 16 | | | | £ | | | |
| 17 | | | | £ | | | |
| 18 | | | | £ | | | |
| 19 | | | | £ | | | |
| 20 | | | | £ | | | |
| | | | | Total Donations Received | £ | | |
| | | | | Total Gift Aid Donations | £ | | |

Please return completed forms to: Southampton Hospitals Charity, Mailpoint 135, Southampton General Hospital, Tremona Road, Southampton, SO16 6YD.



023 8120 8881



fundraising@uhs.nhs.uk



southamptonhospitalscharity.org/schools

**Must be completed by sponsor