

## THE KIRKWOOD STARLIGHT WALK 2025 SPONSORSHIP & GIFT AID DECLARATION FORM



## **WALKER'S DETAILS**

Walker's Full Name					House No.	Postcode	
Sponsor's Full Name	House No.*	Postcode*	Donation Amount (£)	Signatu	ıre	Date Paid	Gift Aid √*
John Smith	5	HD1 1AA	£10			01/01/24	<b>√</b>

<sup>\*</sup> 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 Kirkwood Hospice 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 Kirkwood Hospice will reclaim 25p of tax on every £1 that I have given.

Remember: You must provide your full name, house number, postcode and 'v' Gift Aid for Kirkwood Hospice to claim tax back on your donation. Don't give your work address if you are Gift Aiding your donation.

FOR	<b>OFFIC</b>	E USE	<b>ONLY</b>
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Authorised by (The Kirkwood)	Donor ID	Source Code	
Total Donations Received	Total Gift Aid Donations	Date donations given to The Kirkwood	
£	£		







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