



Santa Fun Run

Family Sponsor form

Family Surname: _____

Lead family member name: _____

Family members:

Name: _____ Runner no: Unique Supporter ref:

Name: _____ Runner no: Unique Supporter ref:

Name: _____ Runner no: Unique Supporter ref:

Name: _____ Runner no: Unique Supporter ref:

Name: _____ Runner no: Unique Supporter ref:

For office use only

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	Full name	Home address	Postcode	Amount	
0	Mr Santa Claus	1 Christmas Lane, Festive Town	G15 7TS	£50.00	<input checked="" type="checkbox"/>
1					<input type="checkbox"/>
2					<input type="checkbox"/>
3					<input type="checkbox"/>
4					<input type="checkbox"/>
5					<input type="checkbox"/>
6					<input type="checkbox"/>
7					<input type="checkbox"/>
8					<input type="checkbox"/>
9					<input type="checkbox"/>
10					<input type="checkbox"/>
11					<input type="checkbox"/>
12					<input type="checkbox"/>
13					<input type="checkbox"/>
14					<input type="checkbox"/>
15					<input type="checkbox"/>

Tick this box when funds received

Use Gift Aid to boost your donation by 25p of Gift Aid for every £1 you donate

By ticking the Gift Aid box, I confirm I am a UK tax payer and I understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference. Please treat all donations I make in the future, or have made in the last 4 years as Gift Aid. Gift Aid is reclaimed by the charity from the tax you pay for the current tax year. Your address is needed to identify you as a current UK tax payer. Please notify us if you: a) want to cancel this declaration, b) change your name or home address or c) no longer pay sufficient tax on your income and/or capital gains.

Return your donations and this form to: Farleigh Hospice, North Court Road, Chelmsford CM1 7FH
A receipt will be issued for all donations to the participant named at the top of this form. **Thank you!**

Santa Fun Run

Supported by Tees
(Legal and Financial
Services)



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See Gift Aid statement
overleaf Tick the box to
Gift Aid your donation

	Full name	Home address	Postcode	Amount	Tick this box when funds received
16				<input type="checkbox"/>	<input type="checkbox"/>
17				<input type="checkbox"/>	<input type="checkbox"/>
18				<input type="checkbox"/>	<input type="checkbox"/>
19				<input type="checkbox"/>	<input type="checkbox"/>
20				<input type="checkbox"/>	<input type="checkbox"/>
21				<input type="checkbox"/>	<input type="checkbox"/>
22				<input type="checkbox"/>	<input type="checkbox"/>
23				<input type="checkbox"/>	<input type="checkbox"/>
24				<input type="checkbox"/>	<input type="checkbox"/>
25				<input type="checkbox"/>	<input type="checkbox"/>
26				<input type="checkbox"/>	<input type="checkbox"/>
27				<input type="checkbox"/>	<input type="checkbox"/>
28				<input type="checkbox"/>	<input type="checkbox"/>
29				<input type="checkbox"/>	<input type="checkbox"/>
30				<input type="checkbox"/>	<input type="checkbox"/>
31				<input type="checkbox"/>	<input type="checkbox"/>
32				<input type="checkbox"/>	<input type="checkbox"/>
33				<input type="checkbox"/>	<input type="checkbox"/>
34				<input type="checkbox"/>	<input type="checkbox"/>
35				<input type="checkbox"/>	<input type="checkbox"/>
36				<input type="checkbox"/>	<input type="checkbox"/>
37				<input type="checkbox"/>	<input type="checkbox"/>
38				<input type="checkbox"/>	<input type="checkbox"/>
39				<input type="checkbox"/>	<input type="checkbox"/>
40				<input type="checkbox"/>	<input type="checkbox"/>
41				<input type="checkbox"/>	<input type="checkbox"/>
42				<input type="checkbox"/>	<input type="checkbox"/>
43				<input type="checkbox"/>	<input type="checkbox"/>
44				<input type="checkbox"/>	<input type="checkbox"/>
45				<input type="checkbox"/>	<input type="checkbox"/>

GRAND TOTAL £ _____



Thank you for raising money to help people
affected by life-limiting illnesses in mid Essex.
It is because you care that we can.

Charity registration no. 284670