



First name _____ Surname _____

Runner no. _____

Unique supporter reference:

giftaid it

	Full name	Home address	Postcode		Amount	
0	Mrs Bubbly Bubbles	1 Bubble Lane, Bubble Town	BU3 3LE	<input checked="" type="checkbox"/>	£50.00	<input type="checkbox"/>
1				<input type="checkbox"/>		<input type="checkbox"/>
2				<input type="checkbox"/>		<input type="checkbox"/>
3				<input type="checkbox"/>		<input type="checkbox"/>
4				<input type="checkbox"/>		<input type="checkbox"/>
5				<input type="checkbox"/>		<input type="checkbox"/>
6				<input type="checkbox"/>		<input type="checkbox"/>
7				<input type="checkbox"/>		<input type="checkbox"/>
8				<input type="checkbox"/>		<input type="checkbox"/>
9				<input type="checkbox"/>		<input type="checkbox"/>
10				<input type="checkbox"/>		<input type="checkbox"/>
11				<input type="checkbox"/>		<input type="checkbox"/>
12				<input type="checkbox"/>		<input type="checkbox"/>
13				<input type="checkbox"/>		<input type="checkbox"/>
14				<input type="checkbox"/>		<input type="checkbox"/>
15				<input type="checkbox"/>		<input type="checkbox"/>
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"/>

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 this Gift Aid box, I confirm I am a UK taxpayer and 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. I understand the charity will reclaim 25p of tax on every £1 that I have given in the last four tax years, on this gift and all future gifts, until we tell you otherwise.
Tick the box to Gift Aid your donation

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!**



giftaid it
 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
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"/>
46				<input type="checkbox"/>	<input type="checkbox"/>
47				<input type="checkbox"/>	<input type="checkbox"/>
48				<input type="checkbox"/>	<input type="checkbox"/>
49				<input type="checkbox"/>	<input type="checkbox"/>
50				<input type="checkbox"/>	<input type="checkbox"/>
51				<input type="checkbox"/>	<input type="checkbox"/>
52				<input type="checkbox"/>	<input type="checkbox"/>
53				<input type="checkbox"/>	<input type="checkbox"/>
54				<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.