



First name _____ Surname _____
 Address _____

 _____ Rider Number: _____

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	Full name	Home address	Postcode	<input checked="" type="checkbox"/>	Amount
0	Mr Bike Rider	1 Pedal Road, Cycle Town	CY0 4LE	<input checked="" type="checkbox"/>	£50.00
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"/>	
16				<input type="checkbox"/>	
17				<input type="checkbox"/>	
18				<input type="checkbox"/>	
19				<input type="checkbox"/>	
20				<input type="checkbox"/>	
21				<input type="checkbox"/>	
22				<input type="checkbox"/>	
23				<input type="checkbox"/>	
24				<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 4 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	<input type="checkbox"/>	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.

Charity registration no. 284670