



'THE LANDMARK TOUR'

**D Route = 100 kilometres
Z Route = 100 miles**

**Sunday 9th June 2013
10th Anniversary Event**

£50.00 minimum sponsorship

Name. _____
 Address. _____
 _____ Postcode. _____
 Phone. _____ Mobile. _____
 Email. _____ D.O.B. _____



Being there for all the family
Registered Charity Number 286554

We, who have given our names and addresses below, and who have ticked the box entitled Gift Aid (✓), want North Devon Hospice to reclaim on the donation detailed below, given on the date shown. We understand that each of us must pay income tax or capital gains tax equal to the tax reclaimed by the charity on the donation.



SPONSORSHIP AND GIFT AID DECLARATION FORM

Name	Postcode	Home Address	Amount Pledged	Gift Aid ✓	Amount Received	Date Given
Mr A Name	EX32 0HU	1, The Street, A Town	£5.00	✓	£5.00	
SUB TOTAL						

Thank you for your sponsorship, and helping the North Devon Hospice provide its specialist care for local people.

Name	Postcode	Home Address	Amount Pledged	Gift Aid ✓	Amount Received	Date Given
SUB TOTAL						

TO BE COMPLETED BY NORTH DEVON HOSPICE TOTAL DONATIONS £

Date monies received: / /

£

£

tax reclaimable

Once you have collected your sponsorship money, please return your form and funds to: North Devon Hospice, Deer Park, Newport, Barnstaple EX32 0HU.