



**THANK YOU
FOR MAKING IT A**

PLEASE RETURN ALL SPONSOR FORMS WITH YOUR SPONSOR MONEY.

I ENCLOSE A CHEQUE FOR RAISED FROM MY NIGHT TO REMEMBER SPONSORSHIP.

PLEASE DEBIT MY DEBIT/CREDIT CARD FOR THE AMOUNT OF

I HAVE PAID MY SPONSOR MONEY IN OVER THE PHONE (WE CANNOT ACCEPT AMEX OR DINERS CLUB)

CARD TYPE:

CARD HOLDER'S NAME:

CARD NUMBER

VALID FROM: EXPIRY DATE:

3-DIGIT SECURITY NUMBER: ISSUE NUMBER (MAESTRO ONLY):

SIGNATURE: DATE:



This amazing lady is taking part in our Night to Remember midnight walk! Please help her by sponsoring her and raising funds for your local hospice **St Barnabas House.**

Fancy the challenge yourself? Go to the website www.nighttoremember.org.uk/stb to find out more.

THANK YOU!

TITLE FIRST NAME SURNAME

ADDRESS

TEL NUMBER

EMAIL

SIGNATURE

JustGiving™ Make it easier for people to support your fundraising and donate online. Set up your own page at www.justgiving.com

How your sponsor money might be spent:

- £126** will pay for one day of hospice care at home for a local person
- £415** will pay for a full 24 hours of hospice care at home for a local person
- £534** will pay for 3 nights of hospice care at home for a local person
- £882** will pay for seven days of hospice care at home for a local person

TITLE FIRST NAME SURNAME
 [] [] []
 GROUP NAME POSTCODE
 [] []

If you pay UK tax* and you tick the Gift Aid box on this sheet, St Barnabas House can reclaim the tax back on every sponsorship donation and get an extra 25% without it costing you a penny. Please tick the box to Gift Aid your donation.

*I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want St Barnabas Hospices (Sussex) Ltd to reclaim 25p of tax on every £1 that I have given on this date, in the past 4 years and in the future. 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.

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PAID	TITLE	FULL NAME	PLEASE PRINT IN BLOCK CAPITALS	FULL HOME ADDRESS (this is essential for Gift Aid)	POSTCODE	AMOUNT	GIFT AID
✓	MRS	A. N. OTHER		1, THE STREET, THE TOWN	AB1 2CD	£25	✓

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Please double-check you have your supporters' full names and home addresses so we can claim Gift Aid. If you run out of space, please photocopy this form as many times as you like, or download a new form from the website, www.nighttoremember.org.uk/stb

- THERE ARE SEVERAL WAYS TO SEND IN YOUR SPONSOR MONEY:**
- Return this form, with a cheque made payable to 'St Barnabas House' to: St Barnabas House Night to Remember, Freepost RSL-CHXE-CGZR, 2 Titnore Lane, Goring-by-Sea, Worthing, BN12 6NZ - please don't send cash through the post.
 - Phone us on 01903 706354 to pay your money over the phone - you'll need your credit card.
 - Fill in your credit card details on the back of the main sponsorship form.

YOUR TOTAL RAISED £ []

EVENT CODE - N2RSPO
 APPLICATION CODE - STBNR7
 Registered charity number - 256789
 OFFICE USE ONLY:
 []

