

## SPONSORSHIP FORM

Department:	Total raised:					
Name:		Date paid in:				
Address:						
		Chq 🖂 Cash 🦳				
Email:		Cash & chq	l Uia bank □			
		Total gift aid claimed: £				
omplete your full name and home and box entitled 'Gift Aid?', want the	value of your donation a address below and tick above charity to reclain	at no extra cost to you. the Gift Aid box. We, w n tax on the donation de	For every £1 you give, the governm the have given our names and addrestailed below, given on the date she he charity (currently 25p per £1 give	esses below, and who have own. We understand that each	initiated giftaid it	
Initials & Surname	£	giftaid it	Initials & Surname	£	giftaid it	
AN Example		gittaiau	AN Example		giftana	
First Line of Address	Postcode		First Line of Address	Postcode		
123 Your Street	A1 2YZ		123 Your Street	A1 2YZ		
If you would like to receive further information from the charity, please tick here			If you would like to receive further information from the charity, please tick here			
Initials & Surname	£	giftaid it	Initials & Surname	£	giftaid it	
First Line of Address	Postcode		First Line of Address	Postcode		
If you would like to receive further information from the charity, please tick here			If you would like to receive further information from the charity, please tick here			
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Your details will only be used in connection with our charitable activities, and will not be disclosed to any third party



Return completed forms to: Southampton Hospital Charity
Mailpoint 135, Southampton General
Hospital, Southampton, SO16 6YD

023 8120 8881 charity@uhs.nhs.uk www.southamptonhospitalcharity.org