

This person is taking part in an event to raise money for St David's Hospice Care please give generously and help us to continue to provide care and support to patients and their families living with life-threatening illnesses in South East Wales. Thank You!

giftaid it

If I have ticked the box headed 'Gift Aid? ✓', I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want St David's Hospice Care to reclaim tax on the donation detailed below, given on the date shown. I understand that I must pay an amount of Income Tax and/or Capital Gains Tax in the tax year at least equal to the amount of tax that all the charities I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand that St David's Hospice Care will reclaim 25p of tax on every £1 that I have given.

Remember: Full name + Home address + Postcode + ✓ = Giftaid it.

Event: **Admiral City of Newport Half Marathon** Date: **05-03-2017** Event Code (Int use): **HEVNHM** Donor (Int use) Under 16: Participant Title: Mr Mrs Ms Miss

Participant Name: Telephone: Email:

Address: Postcode:

Please complete all columns fully to enable us to claim Gift Aid!

Name (First and surname)	Home Address (Only needed if you are Gift Aiding your donation. Please don't put your work address here)	Postcode	Amount (£)	Date Paid	Gift Aid?
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Name (First and surname)	Home Address (Only needed if you are Gift Aiding your donation. Please don't put your work address here)	Postcode	Amount (£)	Date Paid	Gift Aid?

Total donations received £

Total Gift Aid donations £

Date donations given to Charity or CASC £

We will process the personal data you have supplied in order to record donations and reclaim Gift Aid (if applicable). If you would prefer not to receive any further communications from us, please tick the opt out box.