Sponsor Form EVENT: DATE OF EVENT:					Remember: FULL NAI ADDRESS + POSTCO		w.					
NAME: TEAM NAME: HOME ADDRESS OF ENTRANT: (please supply your address details here be the supply to		POSTCODE:	RTH:	BOOST YOUR DONATION BY 25p OF GIFT AID FOR EVERY ONE POUND YOU DONATE If I have ticked the box headed 'Giff Aid' I confirm that I wish East Anglia's Children's Hospices to clai Gift Aid on my donation detailed below. I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax in the current tax year than the amount of Gift Aid claimed on all my donations, it is my responsibility to pay the difference.								
Join us and make a big difference to the children and families Your support makes a big difference to the families and we'd love to send you inform work and the many ways you can support fundraising, donating and volunteering. We details to other organisations to use for the you are free to change your mind at any time.	e lives of many nation on our vital t us, including events, Ve will never give your neir own purposes and	be happy to By email By post	s if you would hear from us: Yes No	to protect it. If you also be used for p We will only allow on our behalf and so by law. For full	s held securely with all reasonable are an EACH donor or supporter, rofiling to help us provide the best y your information to be used by s will only share it elsewhere if req details, please see our privacy po privacy-policy or email supporter	your data may service possil uppliers worki uired to do icy at	nle. ng Pl o	email, ease see t	e happy for post, phon he top of th ormation w	us to de or te	conta ext pl	ict you by ease tick. details of
FULL NAME	HOME ADDR	RESS	POSTCODE	TEL. NO.	EMAIL ADDRESS	AMOUNT £	DATE PAID	AGE IF UNDER 18	GIFT AID (see above, please tick if applic.)	*POST	*PHONE	*TEXT
SAMPLLucy Each MPLE S	AMP 123 The Stre	eet_E_SAN	√NR12 3AB△	(01234) 000000	Pulucy@hotmail.co.uk S/	√P£10	06.04.22	LE S	AMPLE	VS	KI	Y
£20 COULD PAY A SI	PECIALIST NU	JRSE TO	DELIVER	AN HOUR	OF VITAL CARE							
£45 COULD PAY FOR	100 FEEDING	G BOTTL	ES USED	FOR CHIL	DREN WHO ARE	TUBE-F	ED					

Remember: FULL NAME + HOME ADDRESS + POSTCODE + TICK = Please refer overleaf for Gift Aid info and declaration.

giftaid it

*If you're happy for us to contact you by email, post, phone or text please tick. Please see the top of this form for details of how your information will be used by EACH.

FULL NAME	HOME ADDRESS	POSTCODE	TEL. NO.	EMAIL ADDRESS	AMOUNT £	DATE PAID	AGE IF UNDER 18	GIFT AID (see above, please tick if applic.)	*POST	*PHONE	*TEXT
£80 COULD PAY A CO	DUNSELLOR FOR FOU	R HOURS	OF SPECIA	ALIST BEREAVEME	NT SUF	PPOR					
										\perp	
£168 COULD FUND E	SSENTIAL CLEANING	SUPPLI	ES FOR ON	E WEEK AT ONE H	OSPIC						
£200 COULD BUY A	COMMUNITY NURSIN	G PACK	TO PROVID	E CARE IN THE FA	MILY H	OME					
										\perp	
£400 COULD PAY A S	SPECIALIST NURSE TO	d delive	R 20 HOUF	RS OF VITAL CARE							
										_	\perp
										\perp	

Why not raise money online?

You can raise your sponsorship more quickly and easily online. No dealing with cash and cheques, no chasing up friends after your event is over. You can create your own sponsorship page where your friends and family can easily donate online, and the money goes straight to the EACH bank account. To create your page go to www.justgiving.com/each, share your unique web address with your friends, sit back and watch the total grow!



DATE DONATIONS GIVEN TO EACH



Royal Patron: HRH The Duchess of Cambridge

www.each.org.uk



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