

## **Sponsor Form**

## Making a difference for patients at Salisbury District Hospital

The Stars Appeal raises money to help local people being treated in all wards and departments at Salisbury District Hospital.

Please help me to raise as much money as possible for the Stars Appeal

President: The Earl of Pembroke	by sponsoring me below	
PEMBROKE UNIT FUND Helping local people live with cancer and blood disorders	Name:	
Cardiac Helping local heart policients	Address:	
Stroke Care Fund	Postcode: Tel No	):
	I wish to direct my donation as follows:	
Caring 4 Kids  Making life better for local children in hospital	Wherever the need is greatest	Cancer Care
UTTLE V	Children (Caring 4 Kids)	Cardiac Care
LIVES Fund N.I.C.U. & Maternity	NICU/Special Care for Babies (Little Lives Fund)	Stroke Care
Breast Care Fund	A specific ward, department or fund at	☐ Elderly Care
Helping local breast cancer patients	Salisbury District Hospital please state below e.g. Radnor ICU, Burns Unit, Pembroke Unit, Spinal Unit, Downton Ward, Britford Ward, Breast Care, Stroke Unit.	Precious Moments Fund
PRECIOUS MOMENTS		
Gift Aid: The Stars Appeal can claim 25% e	xtra on each sponsorship donation, without it costing you a penny extra, through the Gift A	giftaid id

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 and CASCs 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 the charity will reclaim 25p of tax on every £1 that I have given.

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Full Name (first name and surname) Required for Gift Aid	Home Address Required for Gift Aid	Postcode Required for Gift Aid	Amount	<b>Date Given</b> Required for Gift Aid	Gift Aid* Tick Here

Set up an online sponsor form at www.justgiving.com/salisburyhc Download and print off more sponsor forms at www.starsappeal.org

Sub Total: £

PLEASE **TURN OVER** 

Full Name (first name and surname) Required for Gift Aid	Home Address Required for Gift Aid	Postcode Required for Gift Aid	Amount	<b>Date Given</b> Required for Gift Aid	Gift Aid* Tick Here
When you have col	lected your sponsor mone	ey:	I've raised a to	otal of £	

Please send cheques for the total amount made payable to The Stars Appeal along with your sponsor forms to:

The Stars Appeal Salisbury District Hospital Salisbury SP2 8BJ

Tel. 01722 429005 Email info@starsappeal.org



To be compl	eted by the S	tare Annoal
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Date received

