



# BREAST CANCER UNIT CAMPAIGN



# Sponsor Form

Raising £750,000 for a dedicated Breast Unit at Salisbury District Hospital

**Please help me to raise as much money as possible  
for the Breast Cancer Unit campaign by sponsoring me below.**

### Details:

Title \_\_\_\_\_ First Name \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

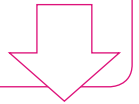
\_\_\_\_\_

Postcode: \_\_\_\_\_ Tel No: \_\_\_\_\_

### Gift Aid:

\*The Stars Appeal can claim 25% extra on each sponsorship donation, without it costing you a penny extra, through the Gift Aid Scheme. By ticking the box you confirm the following: I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want the Stars Appeal 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 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.

*giftaid it*



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

Set up an online sponsor form at [www.justgiving.com/salisburyhc](http://www.justgiving.com/salisburyhc)  
Download and print off more sponsor forms at [www.starsappeal.org](http://www.starsappeal.org)

Sub Total: £

**PLEASE  
TURN OVER**

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

**When you have collected your sponsor money:**  
 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](mailto:info@starsappeal.org)

**THANK YOU**

**I've raised a total of £**

**To be completed by the Stars Appeal**

Date received

Gift Aid eligible amount