



*Help bring compassionate care & support to people who need help at home, enabling them to live independently without being forced into residential care.*

*Start by doing what is necessary, then what's possible and suddenly you're doing the impossible.*

*St Francis of Assisi*



Registered charity 801967

Name \_\_\_\_\_

Event name \_\_\_\_\_ Event date \_\_\_\_\_

## Declaration

To be signed by the participant

Email: [fundraising@pramacare.co.uk](mailto:fundraising@pramacare.co.uk)

I understand that Pramacare cannot be held responsible in any way to loss or injury to myself or any other party, howsoever arising.

I understand that **All** money raised by myself will be transferred to Pramacare.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone number (day) \_\_\_\_\_ Eve \_\_\_\_\_ email \_\_\_\_\_

Please make cheques payable to: Pramacare. Return the entire form with monies raised to: Pramacare, Moran House, 1 Holes Bay Park, Sterte Avenue West, Poole, Dorset. BH152AA. Tel: 01202 207300. Fax: 01202 684255

## Gift Aid

If your sponsors are UK taxpayers, the Government's Gift Aid Scheme means their donation can increase in value by almost a third at no extra cost to them. For example, a sponsorship of £20 will actually be worth £25.64 to Pramacare.

Where applicable, please ask your sponsors to tick the Gift Aid box on the sponsor form, indicating that they are UK taxpayers\* and they wish Pramacare to reclaim the tax on their donations. In order to process Gift Aid, we need home addresses (including postcode) not the work address of your taxpaying sponsors.

\*Tax payers must pay an amount of income tax or capital gains tax at least equal to the amount of tax Pramacare reclaims on the gift.

*giftaid it*



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Full name, title & signature	Full home address including postcode	Gift Aid*	Telephone	Email	Request further info*	Total amount	Date given
	_____ _____						
	_____ _____						
	_____ _____						
	_____ _____						
	_____ _____						
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	_____ _____						
	_____ _____						

**Subtotal/Total**

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\***Gift Aid:** If you would like Pramacare to reclaim tax on your donation please tick the 'Gift Aid' box, and ensure that your full name and address are entered. You must pay an amount of Income Tax and/or Capital Gains Tax at least equal to the Tax the charity reclaims on your donations in the Tax year.

\***Data Protection Act:** To process these donations Pramacare will need to retain your details, however we will not contact you unless you have expressed permission.

*Many thanks for your support*

