

Full Name (First Name and Surname)	Home Address (Only needed if you are Gift Aiding your donation, please don't put your work address here) <i>These details <u>will not</u> be used for marketing.</i>	Postcode	Amount £	Date Paid dd/mm/yyyy	Gift Aid? ✓
Total donations received				£	
Total Gift Aid donations				£	
Date donations given to Bolton Hospice					

Participant Details

Full name _____

Address _____

_____ Postcode _____.

Tel no _____ Email _____

Please return this form with your sponsor money to: Bolton Hospice Fundraising Office, Queens Park Street, Off Chorley New Road, Bolton BL1 4QT.
Tel 01204 663065. **Email** communityfundraiser@boltonhospice.org