



**Love  
Musgrove**

**SPONSORSHIP  
FORM**

Full Name

Address

Postcode

email

**I AM RAISING MONEY FOR...**

Please state here

*giftaid it*

**\* If you are a UK tax payer we will receive an additional 25p for every £1 you raise.** Please tick the Gift Aid box and supply your house number and postcode. In order to qualify you need to pay UK income tax or capital gains tax equal to the amount we claim in the tax year.

Title	First Name	Last Name	House name or number (Please do not use your work address)	Postcode	Your Donation	Date Paid	Gift Aid* (Please Tick)

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Please make cheques payable to '**Love Musgrove**'.  
Please send all cheques, along with your sponsor forms to **Love Musgrove**,  
Fundraising Office, Musgrove Park Hospital, Taunton, Somerset, TA1 5DA.  
If you would like further information, please give us a call on **01823 344437**  
or email **LoveMusgrove@SomersetFT.nhs.uk**

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