

HAVENS TO HAVENS WALK
SUNDAY 18TH SEPTEMBER 2016, 11AM
LITTLE HAVENS HOSPICE

WALK TO REMEMBER



Walk to remember a loved one, walk to keep fit or walk for a fun family day out.

Join us for a five or ten mile walk through Thundersley, historical Hadleigh, Old Leigh and Chalkwell's coastline enjoying a lovely cream tea at the midway point.

To find out more information contact

Jane on 01702 221658 jhopkins@havenshospices.org.uk

Book online NOW at www.havenshospices.org.uk



OLYMPUS

Olympus KeyMed
in Support of the Community

Havens Hospices incorporates Fair Havens Hospice and Little Havens Hospice
Registered Charity Number 1022119

**EVERY STEP
MAKING EVERY
DAY COUNT**



Complete one form per booking in CAPITALS. You may photocopy this form if needed. Alternatively, you can book online at havenshospices.org.uk/events

1 PERSONAL DETAILS

Title	First Name	Surname
Home Address		
		Postcode
Daytime Tel	Mobile	DOB
		D D M M Y Y
Age (on event day)	Male	Female
		Email
I GIVE HAVENS HOSPICES PERMISSION TO CONTACT ME VIA EMAIL		

2 ORDER DETAILS - I ENCLOSE PAYMENT FOR:

Free entrance for children under 3

Tickets - 5/10 Mile

£ :

Adult @ £10 each

Child (3-12 years) @ £5 each

Family (2 adults, 2 children) @ £25 each

£ :

To pay by credit or debit card, please contact Jane on 01702 221658

- Group discounts available on request
- I understand that picture/filming taken during the event may be used by Havens Hospices to promote the work the charity does in the future.

GIFT AID DECLARATION

I want the charity to treat all donations I have made for the four years prior to this year, and all donations I make from the date of this declaration until I notify you otherwise, as Gift Aid donations.

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs) that 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 give.

PLEASE TICK *giftaid it*

DECLARATION

I have read the enclosed information and agree to the Conditions of Entry and confirm that I am medically fit to take part.

SIGNED (Parent or guardian to sign if under 16)

Date:

How did you hear about this event

DATA PROTECTION ACT

Information given will be treated in confidence and used for our administrative purposes only.

If you do not wish to receive event information, PLEASE TICK HERE

PLEASE SEND COMPLETED ENTRY FORMS ALONG WITH PAYMENT TO:

Havens Hospices, Appeal Office, Stuart House, 47 Second Avenue, Westcliff-on-Sea, Essex, SS0 8HX

Leaflet code: HHW16

Thank you for signing up to walk for Havens Hospices. As you have provided us with your details we want to make sure we contact you when you want to hear from us and send you the information you want to know. We communicate via email with all relevant and important updates regarding the Havens Walk.

PLEASE TICK HERE IF YOU WISH TO RECEIVE THESE EMAILS:

We would love to let you know about some of our other events which may interest you.

PLEASE TICK HERE IF YOU ARE HAPPY TO RECEIVE THESE:

Just to let you know: We will only use your details for providing updates and information about the charity, your details are never sold to any one else.