

**WELDMAR HOSPICECARE TRUST**

**THE DUMBLE BIMBLE**  
**TUESDAY 3<sup>rd</sup> SEPTEMBER 2019**

**Fundraiser's name** \_\_\_\_\_

Sponsor's name	Address	Post code	Amount	Paid	Gift Aid Please tick

- 1. Please bring this form with you on day of run for verification.**
- 2. Make cheques payable to "Weldmar Hospicecare Trust"**
- 3. Return the form and sponsor money by October 4<sup>th</sup> to  
Mrs. J Camp, 12, Mead Bower. Southwell, Portland. DT5 2DZ  
Many thanks for your support.**

\_\_\_\_\_ **Verification signature**