Light Up A Life Dedication Form

St John's Hospice

our Details:					
Title:	First Name:		Surname:		Initials:
Address Line 1:					
Address Line 2:					
Address Line 3:	dress Line 3: Town:		Town:	Postcode:	
Email Address:					
Phone:			Mobile:		
. Yes I would lik	e to dedicate a light:				
		Name:			Your Donation(s)
1					£
2					£
3					£
4					£
5					£
I would like	ard and ornament options: to receive one card with ALL dedic h to receive a dedication card	ation names	I would like to re	ceive one card for each	dedication name
I would like to recieve (qty) Tree Ornaments (£5 each) Total amount				Total amount:	£
-	ions: it / Credit Card (Sorry we can't take Ame on credit / debit card):	erican Express)			
ard Number:			Expiry Date:		rity Code:steelast 3 digits shown on the signature
B. Donate by Che	que - I enclose a cheque for £	(Please mak	ke cheques payat	le to 'St John's Hospice	")
giftaid it	Date: / /	your donation by 25p of	Gift Aid for every	ີ 1 you donate. Thank yo	и.
	I want to Gift Aid my donation and any donat that if I pay less Income Tax and/or Capital G Gift Aid is reclaimed by St John's Hospice fro	Gains tax than the amount of Gif	t Aid claimed on all my	donations in that tax year, it is n	y responsibility to pay any difference.
. Keep In Touch	:				
	us to provide vital care to our patie and appeals. Would you like to rec		Ve look forward to	keeping in touch with y	ou by post and phone to share
	by to hear from you by email (please				
If you would rather	not hear from us, or would like to c	hange how we contact y	you, please phon	e our Supporter Care Te	am on 01524 382538.
For internal use DF Number: Donation Proces	e, date and initial:	Donation Received: Gift Aid Dec. Processed	d:	Conta	act Preferences Processed:
					Registered with



Please return your form and donation to: Hospice, Slyne Road, Lancaster, LA2 6ST