



St Raphael's
HOSPICE
Approved Charity 1004611

Tree of Life Order Form

Please return this form and your payment to: Fundraising, St Raphael's Hospice, London Road, North Cheam, Sutton, Surrey, SM3 9DX

YOUR DETAILS

Title: Mr / Mrs / Miss / Ms / Other (please specify): _____ First name or initial(s): _____

Surname: _____ Company / School / Group name (if applicable): _____

Address: _____

Postcode: _____

Telephone or Mobile number: _____ Email: _____

I would like a Bronze / Silver / Gold leaf or Orange. Please tick:

Bronze Leaf £75 Silver Leaf £250 Gold Leaf £500 Orange £1,000

Please enter the name and / or short message clearly within the boxes.

Bronze Leaf

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Please write clearly within the boxes above (up to 18 characters including

Silver Leaf

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Please write clearly within the boxes above (up to 30 characters including spaces)

Gold Leaf

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Please write clearly within the boxes above (up to 45 characters including spaces)

Orange

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Please write clearly within the boxes above (up to 60 characters including spaces)

PAYMENT OPTIONS

You can choose to pay in a single payment or by monthly standing order. **Option 1** - I wish to pay in a single payment

Payment details: I enclose a cheque/postal order for £_____ made payable to "St Raphael's Hospice" **OR** Please debit my credit/debit card (sorry no American Express) with the amount of £_____

Card number:

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Start date:

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Expiry date:

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Signature: _____

Option 2 - I wish to pay monthly by Standing Order:

Bronze Leaf £6.25* Silver Leaf £20.83* Gold Leaf £41.67* Orange Leaf £83.33* **OR** if you would like to donate more, please state monthly amount £_____

Bankers Order - Please complete and return to us:

I would like to give £_____ as a monthly amount. Beginning on the (day)_____ (month)/_____(Year)/_____

TO THE MANAGER Bank Name: _____ Bank Address: _____

Postcode: _____ Bank A/c No.

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Bank Sort Code.

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 Please pay the indicated amount, on the date specified, to: St Raphael's Hospice, National Westminster Bank plc, 93 Central Road, Worcester Park, Surrey, KT4 8DZ Account No. 03060586. Sort Code 60-24-28.

Signed: _____ Today's date: _____

FOR BANK USE ONLY

Please quote reference number: _____ For office use only _____

Gift Aid

If you are a UK taxpayer, please tick the box below and we'll receive an extra 25p for every £1 you donate - **at no cost to you.**

*Yes I am a UK taxpayer No I am not a taxpayer

*Please treat all donations I make or have made to St Raphael's Hospice for the past four years as Gift Aid donations. I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

Title: _____ First name or initial(s): _____ Surname: _____

Address: _____ Postcode: _____

Signed: _____ Date: _____

Please notify us if you no longer pay sufficient tax on your income and/or capital gains, if you want to cancel this declaration or if you change your home address or name.