

I WANT TO SUPPORT MY HOSPICE



I wish to make a **monthly** donation of £5 £10 £20 Other £ _____

I'd like payments to be taken from my account on **1st / 15th** (please circle) of the month starting from ____/____/____ (please choose a date at least a month from today)

My details:

Title _____ Forename _____ Surname _____

Address _____

Postcode _____

Telephone (day) _____

Email _____

Join us in ensuring that free, high quality palliative care services are available to all. Would you like to hear about our latest campaigns and how you can support our work?

By email: Yes No **By post:** Yes No

Data protection: We're collecting your data for the purposes of processing your donations and recording your marketing preferences. To read our privacy policy, go to jerseyhospicecare.com/privacy or contact us for a copy.

Please enter your payment details on the form overleaf

Please reclaim tax on my gifts:

If you are a Jersey taxpayer we can claim 25p from the States of Jersey for every £1 you donate, increasing your gift at no extra cost to you. Please complete the covenant below, getting your signature witnessed, and tell us your Income Tax Reference Number:

Covenant (tax reclaim) Information: The annual value of this donation is £_____ after deduction of income tax at the standard rate. I agree to pay this donation annually from the date of this deed, for at least 5 years*. I also agree that you can share these details with the Taxes Office for the purpose of reclaiming tax on my donation.

Signature _____ Witness name _____

(not a family member)

Date _____ Witness signature _____ Date _____

*You can be released from or amend this covenant at any time, by contacting Jersey Hospice Care. Please let us know if you want to cancel this covenant, change your name or home address, or no longer pay sufficient tax to cover your donations.

Thank you for your support.

Please return this form to Jersey Hospice Care, FREEPOST JE713, Jersey, JE1 1AF

£20

could fund a rehabilitation session to help a patient stay active and independent

£60

could pay for a specialist palliative care nurse to visit a patient at home

£120

could fund a day's worth of medical supplies for our patients

WE CAN'T DO WHAT WE DO WITHOUT YOU

Please fill in the whole form and send it to:

Jersey Hospice Care
Mont Cochon
St Helier
Jersey
JE2 3JB

Service User Number

4	4	9	2	5	2
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Name(s) of Account Holder(s)

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Reference

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Bank/Building Society account number

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Branch Sort Code

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Instruction to your Bank or Building Society

Please pay L&Z re **JerseyHospiceCare**. Direct Debits from the account detailed in this Instruction subject to safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with L&Z re **JerseyHospiceCare** and, if so, details will be passed electronically to my Bank/Building Society.

Name and full postal address of your Bank or Building Society

To: The Manager	Bank/Building Society
Address	
Postcode	

Signature(s)
Date

Banks and Building Societies may not accept Direct Debit Instructions for some types of account.

✂ This guarantee should be detached and retained by the Payer

The Direct Debit Guarantee

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit L&Z re **JerseyHospiceCare** will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request L&Z re **JerseyHospiceCare** to collect a payment, confirmation of the amount and date will be given to you at the time of the request
- If an error is made in the payment of your Direct Debit, by L&Z re **JerseyHospiceCare** or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society
-If you receive a refund you are not entitled to, you must pay it back when L&Z re **JerseyHospiceCare** asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.