

2018 Dedication Form

My details:

Title First Name Surname
 Home Address
 Postcode



I would like to dedicate a light at Dorothy House to:

(Please PRINT name(s) clearly as we will use this information to write the card)

DONATION

<input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>
OR I do not wish to dedicate a light, but would like to give a gift of	£ <input type="text"/>

I enclose a cheque (payable to Dorothy House) for £

OR Please debit my credit/debit card to the value of £

Name as it appears on card

Card Number Issue No. (Switch)

Start Date / End Date / Three-digit security code

Email Address or Phone Number

We must have a telephone number or email address in order to process the card payment

Gift Aid Declaration - Boost your donation by 25p of Gift Aid for every £1 you donate

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If you are a UK tax payer (even if you have told us this before) please remember to tick the gift aid box below to allow Dorothy House to claim gift aid on your donation:

I want to Gift Aid any donations I make in the future or have made in the past 4 years to Dorothy House Hospice Care

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.

Signed Date

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I am NOT a UK tax payer

If you are a new supporter or wish to update how we can keep in touch with you please complete the form on page two of this document. Please rest assured that we do not sell personal data to any third parties.

Please return this form to: Light up a Life, Dorothy House, Winsley, Bradford on Avon, Wiltshire, BA15 2LE

I'd like to hear about Dorothy House Hospice Care's crucial work, campaigns and events, as well as ways I can get involved and provide support. **Please tick ALL the boxes below that apply:**



Alternatively you can respond online at www.dorothyhouse.org.uk

Please enter your name and address details (We need this to record your preferences)

Title:	Forename:
Surname:	
Address:	
Postcode:	

Post Yes No

Email Yes No

Telephone Yes No

Text Yes No

Date

If **Yes**, please enter email address

If **Yes**, please enter telephone no.

If **Yes**, please enter mobile no.

Office Use Only

Please double check your form. Have you:

- Entered your address?
- Ticked four boxes?
- Entered the date?



Need Help?
Call: 01225 721 480
For further information or to talk someone about your preferences