

Lights of Love Appeal 2011

Your Name:.....

Your address:

.....

Post Code:Tel:.....

I/We would like to remember: *(please print clearly so the display name is correct. A minimum donation of £5.00 per dedication recommended.)*

Name:

Please display my card at:

Name:

Please display my card at:

Name:

Please display my card at:

I would like to attend the Parish Church at 7pm 8th December

I would like to attend Springhill Hospice at 7p.m on 12th/13th

December or 3p.m on 14th December *(circle as applicable)*

Gift Aid: I wish Springhill Hospice (Rochdale) to treat all donations that I have made over the last four years and all donations that I make from the date of this document onwards, until I notify the charity otherwise, as Gift Aid donations.

This declaration is made on the understanding that I continue to pay Income Tax or Capital Gains Tax equal to the amount deducted from my donations and that I will notify Springhill Hospice if I cease to meet this requirement.

I also understand that I may cancel this declaration at any time either in writing or by telephone.

Signed:.....Date:.....

**Please return with your cheque to Springhill Hospice,
Broad Lane, Rochdale by 5th December, thank you.**