

Friends of Dr Kershaw's Hospice Regular Giving Standing Order Mandate

Please return your completed form to our Friends Team at Dr Kershaw's Hospice at the address below.

Please do not send this form directly to your bank, we will forward this on upon welcoming you as a Friend of the Hospice.

| (Your Bank Address Here) | Please Return To: |
|---------------------------------|---|
| The Manager | Dr Kershaw's Hospice |
| | Fundraising Office |
| | Turf Lane |
| | Royton |
| | Oldham |
| | OL2 GEU |
| | Tel: 0161 624 9984 |
| | Email: fundraising@drkh.org.uk |
| Standing Order Mandate To Be Ma | ade From :- |
| Account Name: | |
| | Sort Code: |
| Standing Order Payment in the s | |
| Amount in Words: | |
| Please pay: | |
| Account Name: Dr Kershaw's I | Hospice |
| Account Number: 20864463 | - |
| Sort Code: 20-64-12 | |
| Commencing on | (Day) of (Month) and each month/ quarter/ |
| - | bi-annually/ annually, thereafter, until |
| | further notice. (Please circle) |
| Please quote reference | (for office use only) |
| Signed: | Date: |
| - | |
| Address: | |
| | |
| Post Code: | |
| Contact Tel: | |
| Email Address: | |
| | |

Dr Kershaw's Hospice, Turf Lane, Royton, Oldham OL2 6EU