DMH
Douglas Macmillan Hospice

www.dmhospice.org.uk
Registered Charity Number: 1071613

Light up a Life 2009
for Douglas Macmillan Hospice

Dedicate a light on our Christmas tree in memory of someone special

Your Details (Please print in CAPITALS)

Title ☐ First Name ☐ Last Name ☐

Address ☐

☐ Post Code ☐

Daytime Telephone Contact for Queries ☐

☐ **I would like to make a donation for a light, to shine in memory of:**

Please print in CAPITALS and write the names exactly how you would like them to appear in the BOOK OF MEMORIES (up to 5 names)

e.g. JOE BLOGGSWORTH	3.
1.	4.
2.	5.

- It may take between 14 to 21 days to send you a special card for each person named above.
- Names received by 23rd November will be in the first print of the Book of Memories.
- Names received after this date will be included in the updated book, printed on 18th December.

☐ **I would like to make a donation instead of sponsoring a light**

If you do not require a letter acknowledging this donation please tick this box ☐ (this will save on postage)

Office Only: Date Rec'd _____ Amount _____ MOP _____ Initials _____ Source - ???????

Gift Aid Declaration ***Make this special donation worth more, at no extra cost to you***

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☐ *(please tick the box)* **Yes, I am a UK tax payer*** and I would like Douglas Macmillan Hospice to treat all donations I have made for the 6 years prior to this year, and all donations I make in the future as Gift Aid, until I notify you otherwise.

Title ☐ First Name ☐ Last Name ☐ Date ☐

*You must pay an amount of income or capital gains tax in the UK (e.g. work earnings, occupational or private pension, savings) equal to the money we can claim on your donations in the tax year. The Hospice can currently claim 25p for every £1 you donate from HM Revenue & Customs

Payment Section

Donation amount £ : Date ☐

☐ **Cash** (Please do not post, HAND DELIVER ONLY)

☐ **Cheque** (Please make payable to 'Douglas Macmillan Hospice' and write your name and address on the reverse)

☐ **Mastercard / VISA / Maestro / Switch** (delete as necessary)

Card Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Start Date ☐☐/☐☐ Expiry Date ☐☐/☐☐ Issue ☐☐ Last 3 digits on signature strip ☐☐☐

Name as it appears on card ☐ Signature ☐ (I am over 16)

Cardholder's Address (If different from above) ☐

☐ Post Code ☐

This section will be securely destroyed once payment has been taken

Please return this form to: LUAL, Douglas Macmillan Hospice, Barlaston Road, Blurton, Stoke-on-Trent, ST3 3NZ.

MOISTEN HERE TO GLUE

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