

St. Francis Hospice for Cats

127 Burton Road
Overseal
Swadlincote
Derbyshire
DE12 6JL
Tel: 01283 762179
Registered Charity No: 1062053



The St Francis Hospice for Cats is a registered charity which gives total care for chronically sick, elderly and terminally ill cats. In order to help care for these desperately needy cats we rely solely on the generous support from members of the public.

To help meet our costs in caring for these animals we would welcome your contribution – no matter how small. If you can help, please complete the appropriate form below and return to the address above. **Thank you.**

SPONSORSHIP / SUBSCRIPTION / DONATION FORM

(i) I wish to sponsor the sum of £ Per week / month / year (delete as necessary).**

OR

(ii) I wish to subscribe to the Newsletter – 2 copies per year (Suggested Minimum £12.00 per annum) and enclose cheque (payable to St Francis Hospice for £

OR

(iii) I enclose herewith my cheque / postal order / cash for the sum of £

(please make cheques payable to St Francis Hospice)

** If you wish to pay via Standing Order or Direct Debit please complete the Bank Mandate Form

Please tick if receipt required

Details of Donor:

Title Forename(s)

Surname

Address

.....

.....Post Code.....

Signature Date

GIFT AID DECLARATION (to enable us to claim back tax)

I want to treat

- The enclosed donation of £

- The donation(s) of £ which I made on/...../.....

- All donations I make from the date of this declaration until I notify you otherwise,

- All donations I have made since 6th April 2000, and all donations I make from the date of this declaration until I notify you otherwise, as Gift Aid donations.

(- delete as appropriate)

Signature

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BANK MANDATE

Please return this form to the above hospice address and we will forward it on to your bank.

Many thanks – your support is greatly appreciated

Your Bank Address:

Sort Code: / /

Name of account to be debited:

Account Number :

Reference to be quoted (your surname)

Bank to which payments are to be made: **The Royal Bank of Scotland
Preston Fishergate Branch
97 Fishergate
Preston
PR1 2DP**

Name of account to be credited: **The St Francis Hospice**

Amount of Payment:
Figures: £.....
Words:

Payment Intervals: **Monthly / Quarterly / Annually ***
** Delete as appropriate*

Date in each month payments to be made :

Date of First Payment :

Payments to continue until: / /

OR

Payments are to continue until you receive notice from me in writing: (Please tick box)
This instruction cancels any previous order in favour of the Payee named above under this reference.
Name and Address of Donor

Signature Date