



Regular Donation Form

Your Details:-

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>
Your Name.....				
Your Address.....				
.....				
Postcode..... Tel no.....				
Email.....				
Signed.....				

To make a regular donation to the hospice, please complete the Standing Order below

Bank/Building Society Name.....

Address.....

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

Account Number Sort Code.....

The sum of £..... Each week/month/year

Your Account name (e.g. Mr and Mrs J Smith).....

Signed..... Date.....

Start Date of Standing Order (to be paid until further notice).....

Payee: St Kentigern Hospice, RBS Bank, Prestatyn, Denbighshire. Sort Code 16-28-29 A/C No 10019657

I want all donations to be gift aided until I notify you otherwise

**Please return the completed form to St Kentigern Hospice, Upper Denbigh Road, St Asaph,
Denbighshire LL17 ORS
St Kentigern Hospice and Palliative Care Centre, Registered Charity Number 519931**