

Thank You
for supporting our appeal
and sponsoring a Nurse



Katharine House Hospice
Weston Road, Stafford, ST16 3SB
t: 01785 254645 f: 01785 247803
e: fundraising@khhospice.org.uk
www.khhospice.org.uk
Registered Charity No: 1011712

Sponsor a Nurse Appeal

Please sponsor a Nurse at Katharine House Hospice



Kindly sponsored by

Ambucare

mobility and nursing equipment
telephone 01785 225900

Will you sponsor a nurse and help us support our patients and their families? A donation of £11.75 will help nurses like me to provide one hour of much needed care services enabling our patients and those close to them to live as fully as possible.



At Katharine House we offer a home from home where we support local people who are living with an illness that cannot be cured. As a nurse, every day I feel honoured to be part of this.

Like all the nurses at the hospice, I find it a real privilege to build up relationships with patients and those close to them and to be allowed in to their lives. We rely almost entirely on donations to do this and it's only thanks to the support of people like you.

I hope you will sponsor a nurse.

Shan

Sister Shan Parkes

If you would like to Sponsor a Nurse please fill in the form opposite and return it with your donation to our freepost address FREEPOST MID24268, Stafford, ST16 3BR.

Thank you for your help.

Personal Information

Title:.....First Name:.....Surname:.....
Address:.....
.....Post Code:.....
Telephone:.....Email:.....

Please tick the box that is relevant to you

- I would like to sponsor a nurse and enclose a donation of £.....
 I do not wish to sponsor a nurse, but would like to support the work of the hospice and enclose a donation of £.....

Method of Payment

- I enclose a cheque made payable to Katharine House Hospice
 I would like to pay by credit card/Visa debit card
□□□□ □□□□ □□□□ □□□□ Expiry Date □□/□□

Signature:.....Date:.....

- I would like to set up a standing order

Standing Order Mandate (Return to the Hospice, DO NOT return to your Bank)

Katharine House Hospice's Bank details

Please pay: Lloyds TSB Bank plc, 5 Market Square, Stafford
For the credit of: Katharine House
Account details: Sort Code 30-98-00 Account Number 07048387
Please pay the sum of £.....commencing on the.....day of.....
and thereafter every month until you receive further notice from me/us in writing.

YOUR account details

Account Name:.....Account Number:.....
Signature:.....Date:.....

YOUR Bank details

Name of your Bank:.....
Address of your Bank:.....
Postcode:.....Your sort code:.....

Gift Aid...

Increase the value of your donation for **FREE!**

If you are a tax payer and make a gift aid declaration then we can increase the value of your donation at no cost to you.

Please tick the appropriate box and sign below.

- Yes, I would like the charity to treat this donation, all donations I have made for six years prior to the date of this declaration and all future donations as Gift Aid until I notify you otherwise.
 No, I am not a UK tax payer.

Signature:.....Date:.....

You must pay an amount of Income Tax and/or Capital Gains Tax at least equal to the tax that the charity will reclaim on your donations in the appropriate tax year.

