Gift Aid:	Signature:		Date:	
I want to Gift Aid my donation and any donations I make in the future or have made in the past 4 years to St Oswald's Hospice (please tick).				
Gift Aid is reclaimed by the charity from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer. I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year, it is my responsibility to pay any difference. Please notify St Oswald's if you want to cancel this declaration, change your name or home address or no longer pay sufficient tax on your income and/or capital gains.				
Keep in tou	ıch:		How did you hear about	
permission foreference to Lyou about oth If you opt in to allow us to coin future. If yo that apply:  All Post	our contact details, you are givir us to contact you via these might up a Life. We would like to er events and update you on our ceeive emails and texts this warmunication with you via these u'd like to keep in touch, please wish for us to contact you, tic	ethods in contact ir services. will also e methods etick all	Light up a Life?  Website Bridge Banner Poster/Flyer Local Press Social Media Colleague Family Member/Friend/ Other (please give details)	
Online Memory Wall:  We would love to add a photo of your loved one(s) you are remembering by taking part in Light up a Life to our online Memory Wall. Once you have completed this form, please email				

Light up a Life to our online Memory Wall. Once you have completed this form, please email a photograph to us at enquiries@stoswaldsuk.org stating your loved ones name. Their dedication will then appear on our online Memory Wall at www.stoswaldsuk.org/light-up-a-life

Wishing you comfort and peace this Christmas.

All money raised in Sunderland and South Tyneside will support our Children and Young Adults Service. T: 0191 246 9123 E: fundraising@stoswaldsuk.org W: www.stoswaldsuk.org/light-up-a-life St Oswald's Hospice, Regent Avenue, Gosforth, NE3 1EE. Registered Charity Number 503386.

(i) @stoswaldsuk

/stoswaldshospice @stoswaldsuk





Every year thousands of people dedicate a light on our Remembrance Tree. Each light shines brightly in memory of someone special.



roudly Supported by:



Funeralcare

Thank you for celebrating the lives of those special to you and supporting Light up a Life. In return for your kind donation to St Oswald's you will receive a personalised card, along with a memory star (one star per card ordered) to write your own message. Please complete your details below.

A light will shine in memory of each name on our Remembrance Tree at our Light up a Life Services. We hope you will be able to join us at a service this year:

Berwick Baptist Church, Monday 11th December 2017, 7:00pm Metro Radio Arena, Newcastle, Tuesday 12th December 2017, 6:30pm

I would like to remember:					
F	First Name	Surname	Donation Amount		
Name 1					
Name 2					
Name 3					
Name 4					
Name 5					
			Donation Total £:		
<ul> <li>I would like to receive a single card containing all names remembered. (This option allows St Oswald's to the save money on costs, directing more of your donation to patient care)</li> <li>I would like to receive individual cards containing one name per card</li> </ul>					
My relationship to St Oswald's:  I am a: ☐ Supporter ☐ Member of staff ☐ Patient/service user ☐ Volunteer  ☐ Next of kin of patient ☐ Friend or relative ☐ Prefer not to say ☐ Other					
	·· <u>=</u>		<u> </u>		
	·· <u>=</u>		to say Other		
☐ Next of kin	·· <u>=</u>	tive Prefer not	to say Other		
Next of kin  Your details:  Title:  Address:	of patient Friend or rela	tive Prefer not	to say Other		
Next of kin  Your details:  Title:	of patient Friend or rela	tive Prefer not	to say Other		
Next of kin  Your details:  Title:  Address:	of patient Friend or rela	DONOR NUI	to say Other		
Next of kin  Your details:  Title:  Address:  Town:	of patient Friend or rela	DONOR NUI Surname:  Postcode:	to say Other		
Next of kin  Your details:  Title:  Address:  Town:  Telephone:  Email:	of patient Friend or rela	DONOR NUI Surname:  Postcode: Mobile: DOB:	MBER		
Next of kin  Your details:  Title:  Address:  Town:  Telephone:  Email:  Leaving a G  Gifts given thro	of patient Friend or rela  First Name:  Sift to St Oswald's Hospough a Will are a vital source or gacy giving fund the Hospice	DONOR NUI Surname:  Postcode: Mobile: DOB:  Dice in your Will. of funding at St Oswa	MBER		
Next of kin  Your details:  Title:  Address:  Town:  Telephone:  Email:  Leaving a G  Gifts given throreceive from lepeople and fan  Please tick	of patient Friend or rela  First Name:  Sift to St Oswald's Hospough a Will are a vital source or gacy giving fund the Hospice	DONOR NUI Surname:  Postcode: Mobile: DOB:  Dice in your Will. of funding at St Oswa for one day a week, nuit in the content of the content o	MBER  Id's Hospice. The donations we naking a real difference to local		

## Payment options:

- 1. Cash/Cheque cheques should be made payable to St Oswald's Hospice Ltd. If paying by cheque, donations along with this form can be handed in at any of our shops, posted or hand delivered to the Hospice on Regent Avenue, Gosforth, Newcastle, NE3 1EE.
- 2. Online you can also make a donation online at www.stoswaldsuk.org/light-up-a-life or over the phone on 0191 246 9123.

3. Debit/Credit Card - To pay by card please complete your details below: Mastercard/Visa/Switch/Delta/Access (delete as applicable)					
Full name of cardholder:					
Card Number:					
Valid from: / Expiry date:	/ Issue no (Switch only)				
Security code: (The security code is the last three digits on the signature strip)					
Signature:	Date:				
<b>4. Direct Debit</b> - If you would like to remember a loved one every year you can donate annually by setting up a Direct Debit instruction. Your dedications will be processed automatically and you won't have to complete a form each year. To set up an annual direct debit please supply the following information:					
I would like to donate: £					
Instruction to your Bank or Building Society Originator's Identification Number to pay Direct Debit					
Name and full postal address of your Bank or Building Society	Reference				
	Reference				
Name of Account Holder(s) Title: Mr/Mrs/Miss/Dr/Other	Instructions to your Bank or Building Society Please pay St Oswald's Ltd Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with St Oswald's Hospice				
Bank Sort Code	Limited and if so, details will be passed electronically to my Bank/Building Society.				
Bank or Building society Account Number	Signature(s)				
Dalik Of Building Society Account Number					
	Date				
Banks and Building Societies may not accept Direct Debit Instructions for some types of account.					

## The Direct Debit guarantee

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit St Oswald's will notify you 5
  working days in advance of your account being debited or as otherwise agreed. If you request St Oswald's
  to collect a payment, confirmation of the amount and date will be given to you at the time of the request
- If an error is made in the payment of your Direct Debit by St Oswald's Hospice or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society.
- If you receive a refund you are not entitled to, you must pay it back when St Oswald's asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.