

Light up a Life

You are invited to dedicate a light on Birmingham St Mary's **Tree Of Light** in memory of a loved one - every loved one remembered will be recorded in the Book of Remembrance and a card will be sent to you to acknowledge that a light will be shining for the person in your thoughts.

I would like to remember

1.																			
2.																			

Please write the names of your loved ones in capitals as you would like it to appear in the Book of Remembrance and your card. If you wish to add more names please attach a separate piece of paper.

Your Details

Name: _____

Address: _____

_____ Postcode: _____

Email: _____

Please enter your donation details overleaf.

We will acknowledge your gift with a card. Delivery may take up to 21 days.

If you wish the name of your loved one to appear in our Book of Remembrance on the day of the lighting up ceremony, please return this form with your donation by 1st December. Details received after this date will be entered in the Book of Remembrance by 20th December.

Please return completed forms to:

Light up a Life
Birmingham St Mary's Hospice
176 Raddlebarn Park
Selly Park
Birmingham
B29 7DA

Thank You



My Donation

I would like to dedicate _____ light(s) and enclose my donation of £ _____

Telephone No: _____

Email Address: _____

- Cheques should be made payable to 'St Mary's Hospice'.
- Please charge my Visa / Electron / Mastercard / Maestro / CAF Charity Card delete as appropriate

Card No:

Start Date: Expiry Date:

Issue No: Security Number:
last 3 digits of number on back of card

Name on Credit Card: _____

Signature: _____



Using the Gift Aid Scheme means that for every £1 you give we get an extra 28p from the Inland Revenue, helping your donation go further. To enable the Hospice to reclaim the tax on your donation please tick one of the boxes below:

I want all donations I have made within the last six years and all donations in the future to be treated as Gift Aid until I notify you otherwise.

I am not a taxpayer.

Signature: _____

Date:

To qualify for Gift Aid, what you pay in income tax or capital gains must be at least equal to the amount we claim in the tax year.

Please check your address details are overleaf

We would love to keep in touch with you by sending you the Hospice Newsletter and other information. Please let us know if you are happy to hear from us or if you would prefer not to.

I would prefer not to receive the newsletter and other mailings

I am happy for the Hospice to contact me by email

I am happy for the Hospice to contact me by phone