



I SHOULD LIKE MY LIGHT(S) TO SHINE FOR: (please use BLOCK CAPITALS)

1 ..... 3 ..... 5 .....

2 ..... 4 ..... 6 .....

Your name ..... (Mr, Mrs, Miss, Ms)

Your address .....

..... Postcode: ..... Tel: .....

Total amount enclosed £ ..... (a donation of your choice)

Please make cheques payable to 'ST LEONARD'S HOSPICE'

*giftaid it*

I should like to support the work of St Leonard's Hospice by making a  
GIFT AID DECLARATION.

I should like all donations I have made for the last six years prior to this year (but no earlier than 6/4/2000) and all donations I make from the date of this  declaration until I notify you otherwise, as Gift Aid donations. Tick

Please return your complete form to: Judith Wilson, St Leonard's Hospice Fundraising Centre, 185 Tadcaster Road, York YO24 1GL Tel: 01904 77 77 77 Fax: 01904 77 77 75