

Hospice at Home Carlisle and North Lakeland

Regular Giving Standing Order Form

I have completed the standing order form below to help Hospice at Home Carlisle and North Lakeland continue to care for local people in their own homes.

| | | |
|----------------|------------|-----------|
| Mr/Mrs/Miss/Ms | First Name | Surname |
| Address | | |
| | | |
| Town | County | Post Code |
| Tel No. | | Email |

Please return to: Hospice at Home Carlisle and North Lakeland, Valley Court, Barras Lane, Dalston, Carlisle, Cumbria, CA5 7NY

Please complete details of your own bank.

| | | | | | | | | | | | | | | | | |
|---|-------------------------|-------------|--|--|--|--|--|---|--|--|--|--|--|--|--|--|
| To: | Bank / Building Society | | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Town | County | Post Code | | | | | | | | | | | | | | |
| Account Name | | | | | | | | | | | | | | | | |
| Sort Code: | | Account No: | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table> | | | | | | | | <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table> | | | | | | | | |
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| | | | | | | | | | | | | | | | | |

Please pay the sum of £ _____ (in words) _____

Payments to commence on _____ day of _____ 20 _____
and the same amount on the same day of each month/quarter/year until further notice.

| | | | | | | | | | | | | | | | |
|---|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Please pay: Lloyds plc Branch: 5/6 King Street, Penrith, Cumbria CA11 7AP For the credit of Hospice at Home Carlisle and North Lakeland Account: | | | | | | | | | | | | | | | |
| Sort Code: | Account No: | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;">3</td> <td style="width: 20px;">0</td> <td style="width: 20px;">1</td> <td style="width: 20px;">6</td> <td style="width: 20px;">2</td> <td style="width: 20px;">8</td> </tr> </table> | 3 | 0 | 1 | 6 | 2 | 8 | <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">0</td> <td style="width: 20px;">6</td> <td style="width: 20px;">8</td> <td style="width: 20px;">5</td> <td style="width: 20px;">5</td> <td style="width: 20px;">2</td> <td style="width: 20px;">8</td> </tr> </table> | 0 | 0 | 6 | 8 | 5 | 5 | 2 | 8 |
| 3 | 0 | 1 | 6 | 2 | 8 | | | | | | | | | | |
| 0 | 0 | 6 | 8 | 5 | 5 | 2 | 8 | | | | | | | | |
| Signature _____ Date _____ | | | | | | | | | | | | | | | |