

# JACOB'S HOSPICE HOMES

Name and Address: .....

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## STANDING ORDER MANDATE

Details of your bank: Name: .....Bank

Address of bank: .....

Sort Code ..... Account number .....

Name of account holder .....

Amount to be debited per month/quarter/year .....

Starting date ..... until further notice

Please debit my account quoting ref: (your name) .....in favour of

JACOB'S HOSPICE HOMES, ACCOUNT NO. 06145796 SORT CODE 30-94-55

LLOYDS BANK, 13, CORNHILL, IPSWICH IP1 1DG

Signature .....

.....

I would like to make a donation in the sum of ..... To Jacob's Hospice Homes.

Name .....

Address .....

.....

I would like a newsletter sent to the above address    YES    NO

Jacob's Hospice Homes, charity registration no. 1114704  
Virginia House, Jackson Road  
Newbourne, Woodbridge IP12 4NR  
Tel 01473 736201    E-mail jenrisdale@btinternet.com