



To the Manager,

.....Bank

Address:.....

Bank Account Name:.....

Sort Code:.....

Bank Account Number:.....

Please transfer the sum of £5 (five pounds) / £10 (ten pounds) / £15 (fifteen pounds)
(*delete as applicable*) per month, on the 15th of each month until further notice to:

Jersey Hospice Care, Lloyds TSB, Broad Street
Sort Code 30-94-61, Account Number 4763507

Signed.....

2nd Signatory
(if applicable).....

Please return the completed form to The Fundraising Office, Jersey Hospice Care,
Clarkson House, Le Mont Cochon, St. Helier, Jersey JE2 3JB.

Thank you.