

## DEDICATION FORM

Title \_\_\_\_\_ First Name \_\_\_\_\_

Surname \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Email \_\_\_\_\_

Telephone No. \_\_\_\_\_

**PLEASE DEDICATE A LIGHT AT THE SERVICE  
in memory of:**

Please write the name(s) in **CAPITALS** as you wish them to appear in the Order of Service booklet.



Please indicate the service at which you would like your loved one to be remembered:

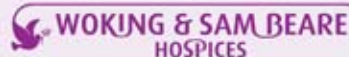
Woking

Weybridge

**I shall / shall not** be attending

No. of guests

*Refreshments will be served after the service.*



## DONATION FORM

I enclose a cheque for **£** \_\_\_\_\_ as my donation to the Light up a Life appeal  
(*please make cheques payable to Woking Hospice or Sam Beare Hospice*)

**OR** Please debit the amount of **£** \_\_\_\_\_ from my credit card  
VISA / DELTA or Mastercard

Card No.

Expiry Date:  /  Issue No.  3 digit code  (on reverse of card)

Please indicate to which hospice you would like your donation to be allocated:

**Woking Hospice**  **Sam Beare Hospice**

*giftaid it* If you currently pay UK tax, sign below and we'll receive **an extra 28 pence for every £1 you donate** at no cost to you. **GIFT AID DECLARATION:** I would like WSB Hospices to reclaim tax on all qualifying donations made this year or four years prior to this year. I confirm that I am a UK tax payer and have paid UK income tax or capital gains tax equal to the tax reclaimed by the charity on the donation.

Signature \_\_\_\_\_

Date \_\_\_\_\_

You can cancel this agreement at any time by writing to us.

Please return this form to:

**Woking & Sam Beare Hospices, Hill View Road, Woking, Surrey GU22 7HW**

Tel: **01483 881750** [www.wsbhospices.co.uk](http://www.wsbhospices.co.uk)

Personal Data: Information provided will be recorded on the WSB Hospices Database. If you do not wish certain information to be kept you can request this does not happen. All personal data is recorded and kept in accordance with the Data Protection Act 1998.