



## Standing Order Mandate

Thank you for choosing to support Harris HospisCare in this way. Please complete this form and return to Christine Davies at the address below.

I would like to donate: **£5 • £10 • £20 •** or preferred amount **£.....**  
per **month/quarter/year** (please delete as applicable)  
**starting from:** ...../...../..... until further notice.

**From:**  
Mr/Mrs/Miss/Ms First name ..... Surname .....  
Address .....  
..... Post Code .....  
Daytime phone number .....  
e-mail .....

**To:** ..... (Bank or Building Society name)  
Address: .....  
.....  
..... Post Code .....

Please debit my account number:  

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Sort Code:  

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Name(s) of account holder(s):.....

Please credit Harris HospisCare, National Westminster Bank Plc,  
P O Box 482, 354 Crofton Road, Orpington, Kent BR6 8QZ.  
Sort Code: 60-08-14, Account number: 39785513  
Quoting reference: ..... (to be completed by Harris HospisCare)

Signature: ..... Date: ...../...../.....

Harris HospisCare, and its trading company, value your support and promise to respect your privacy. The data we hold is managed in accordance with the Data Protection Act (1998). We will **not** disclose or share your details with any third party. We would like to keep you informed by mail, email or telephone, about the vital work we do, if you would prefer **not** to receive this information please let us know by ticking this box.

**Please return to: Christine Davies, Harris HospisCare, FREEPOST SEA8742, Orpington, Kent BR6 9BR**