



**Lawrence  
Nurses**

Hospice care in your home

Please complete this form in CAPITALS and email it or post it to the address at the bottom of the page. Upon receipt the original will be sent to your bank on your behalf and we will keep a copy on file.

### STANDING ORDER FORM

Your support will help more people to stay close to their loved ones and fulfil their end of life wishes

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Post code: \_\_\_\_\_

Your Bank name: \_\_\_\_\_

Bank's address: \_\_\_\_\_

Post code: \_\_\_\_\_

Your account number: \_\_\_\_\_ Your bank's sort code: \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_

Our bank details are as follows: Lawrence Home Nursing Team Ltd

Account no. 23142930      Sort code: 20-03-84

The sum of (in figures): £ \_\_\_\_\_

The sum of (in words) : \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_ (month) \_\_\_\_\_ (year)

And a like sum each year / quarter / month\* until further notice.

You are eligible to add gift aid, if:

- You have used your own money to make this donation
- The funds used are not the proceeds from the sale of goods or provision of services
- You are not receiving a benefit from this donation

*giftaid it*

Signature: \_\_\_\_\_ Print name: \_\_\_\_\_

PLEASE NOTE THAT THIS REPLACES ANY PREVIOUS STANDING ORDER FORMS.

Please email to [fundraiser@lawrencenurses.com](mailto:fundraiser@lawrencenurses.com) or post to Lawrence Nurses, c/o Chipping Norton Hospital, Russell Way, Chipping Norton, Oxfordshire OX7 5FA.

Thank you. Lawrence Nurses will only use these details to contact you and for no other purpose.