



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

giftaidit

Signature: _____ Print name: _____

PLEASE NOTE THAT THIS REPLACES ANY PREVIOUS STANDING ORDER FORMS.

Please email to fundraiser@lawrencenurses.com or post to:
Lawrence Nurses, Highlands, 73 Burford Road, Chipping Norton, Oxfordshire OX7 5EE.

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