

Please print off this form, fill in your details and give it to your wages department.

I would like to give to Compton Hospice

From my **monthly** salary please take:

- £6.41 This will cost me £5 per month
- £12.82 This will cost me £10 per month
- £ Other

From my **weekly** salary please take:

- £1.28 This will cost me £1 per week
- £2.56 This will cost me £2 per week
- £ Other

- This replaces my existing donation
- Please add this to my existing donation

Title First Name
Surname

Employee Number

NI Number D.O.B

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

Employer's Name & Address

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**To the wages department:
Please photocopy this form and send
to Compton Hospice**

Please note you can cancel this mandate at any time.

Privacy

Compton Hospice values your support and respects your privacy. The information you have given us will be kept in accordance with the Data Protection Act (1998). We will not disclose or share your information with any third party without your consent.

Can we tell you more about our special care?

We like to keep our supporters informed about what we do and how we are spending the donations raised for us. If you would like to hear more about what is going on at the



hospice please fill in your details below and tick to indicate what communications you would like to receive.

Title First Name
Surname

Address.....

.....

..... Postcode

Email

Tel.....

Mob.....

I would like to receive:

- Newsletter
- Light up a Life Appeal
- Joining the lottery
- Leaving a legacy
- Annual Review
- Events
- Volunteering Opportunities
- Christmas Cards