## Please use this form if you wish to continue to sponsor your leaf for more than one year

I Title/Full name:	
Address:	Post Code:
	NatWest Bank PLC, St Peter Port, Guernsey, GY1 4BQ for the credit of e (Sort Code 60-09-20 Account number: 74129856 the sum of £100.00 g on:
This payment is to be or until:	made <b>annually</b> on the same date until further notice
Signed: Today's date: Name and addres	ss of your Bank:
Sort Code:	Account Number:
Payment Reference Please ensure all alter	(Note to bank: Please ensure this appears on all payments) ations are initialled.

When completed please return this form with your application to:

Fundraising Administrator, Les Bourgs Hospice, Andrew Mitchell House, Rue du Tertre, St Andrews, Guernsey, GY3 5HD. Telephone: 01481 210329

Email: <a href="mailto:trish@lesbourgs.com">trish@lesbourgs.com</a>. Website: <a href="mailto:www.lesbourgshospice.org.gg">www.lesbourgshospice.org.gg</a>