

Payment details:

I enclose my donation of £ (Minimum £100)

Cheque

Cash

I would like to make my donation by credit/debit card (We do not take American Express)

Card Number:

Start Date (if applicable):

Expiry Date:

Issue Number (Maestro only):

3 digit security number:

Cardholders name (as written on the card):

Signature:

Date:

Return the form to: Admin Assistant, Les Bourgs Hospice,
Andrew Mitchell House, Rue du Tertre, St Andrews, Guernsey, GY3 5HD.

Telephone: 01481 251111

Email: info@lesbourgs.com Website: www.lesbourgshospice.org.gg

Registered Charity : 141 Company Limited by Guarantee: 44019



Memory Tree

**A dedication to
Someone Special**



We have placed a beautiful feature of a Memory Tree in our reception. The tree has been hand sculptured out of copper by an independent artist. The tree enables us to meet the needs of the many people who would like a memorial for a special person whilst also adding a unique feature to our Hospice.

You can have a leaf dedicated for many occasions, including a special birthday, anniversary or an event that is special to you. You can also dedicate the leaf to remember the passing of a special person that you would like to remember.

If you would like to make a dedication on the tree, you need to complete this form then we will engrave their name and a message of your choice onto one of the leaves and place it on the tree for a year. You will have the opportunity to return to the Hospice as often as you wish for some quiet reflection and to see your dedication. After a year, we will send you your dedication leaf in a presentation box to keep forever.



Dedication details:

If you would like us to include a dedicated leaf to someone who was special to you we ask that you make a minimum donation of £100 to Les Bourgs Hospice. Simply complete the form below and return it to us at the address on the back of the form.

Name:

Address:

Telephone:

Email Address:

Dedication in the name of:

(Block capitals please)

Message: (please select one from the following. Indicate choice by marking the box):

- | | | |
|---|--|--|
| <input type="checkbox"/> In loving memory | <input type="checkbox"/> Our loved one | <input type="checkbox"/> Forever loved |
| <input type="checkbox"/> In our thoughts | <input type="checkbox"/> Sadly missed | <input type="checkbox"/> Always remembered |

Any other message (max 6 words)

(Block capitals please)