

# PAYING IN FORM



**Alice House Hospice**  
Serving the communities of  
Hartlepool & East Durham

Details of your fundraising activity

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Mr / Mrs / Miss / Ms / Other

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Forename

Surname

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Company

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Address

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Postcode

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Phone number

Email address

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## YOUR PERSONAL INFORMATION

Only with your support can we continue to be here for our patients and their families. That's why we're asking to keep in touch.

By choosing to hear from Alice House you'll receive behind the scenes news, updates about our services, volunteering and various ways you can support the Hospice including fundraising, events and campaigning.

You're free to change your mind at any time.

**Choose how you'd like to keep in touch:**

**Email:**  Yes  No    **Phone:**  Yes  No    **Text Message:**  Yes  No    **Post:**  Yes  No

The details we take from you will not be given to any third party and will be used for our references only.

Further information about how we protect your personal data is set out in our Privacy Policy at [www.alicehousehospice.co.uk/cookies-and-privacy-policy](http://www.alicehousehospice.co.uk/cookies-and-privacy-policy)

**PLEASE TURN PAGE**

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## YOUR PAYMENT

I enclose:

A cheque for £ \_\_\_\_\_ **OR**  Please debit my credit card below with £ \_\_\_\_\_  
*Cheques made payable to Hartlepool Hospice Ltd*

MasterCard       Visa       Delta       Maestro

Name on card \_\_\_\_\_

Card number:     ·     ·     ·

Expiry date:   /        Issue No.          Security Code:     
(Maestro only)      cvv (3 digits on the back of your card)

**SIGNATURE** \_\_\_\_\_      Date:   /   /



**THANK YOU FOR  
YOUR KIND SUPPORT**

**PLEASE RETURN THIS FORM TO:**

The Fundraising Team  
Alice House Hospice  
Alice House,  
Wells Avenue  
Hartlepool  
TS24 9DA



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