



That's our promise to you

2015

Yes, I want to make sure ellenor is there for those who need them this Christmas

Please fill in your details below.	
Title: First Name:	Surname:
Address:	
	Post Code:
Email:	
Next, please accept my gift of:*	
£26 could help to provide a Inpatient Ward.	Christmas dinner for one patient on our
£57.93 could help support a someone like Trevor a safe	a Bereavement Cuppa session, giving space to share their grief.
	e that important first visit to a patient's s, by a Senior Clinical Nurse Specialist,
My own preferred gift of: £	
Please tick this box if you g from us.	do not wish to receive a thank you letter
Your payment details:	
I enclose a cheque/postal order/ch	harity voucher payable to ellenor OR
Please debit my credit/debit card.	your donation quickly online.
Card type: 📒 Visa 📒 Mastercar	rd 🗧 Switch/Maestro 📒 Delta
Card holder's name:	
Card number:	
	rity No:
Signature:	Date: / / /



* These are illustrative of what your generous gift could help to fund. Monies raised will help support the delivery of ellenor's services for adults and children.

