

The following are some examples of what your support helps us fund.

- The estimated cost to provide respite care for a child for a year **£8,000**
- The average cost of care for a patient for one stay in our adult in-patient facility. **£4,145**
- The estimated cost to operate Eden House for a day **£1,400**
- The average cost for the provision of bereavement support for a family. **£950**
- The average cost of caring for one adult patient for a day **£391**
- The estimated cost to care for one child in-patient for day **£300**
- The average cost of providing day care facilities for a child for a day. **£95**
- The average cost to provide day care facilities for an adult patient per day **£80**

Thank you for supporting us in this very pro-active way. We will confirm receipt of your Regular Giving Form in due course and confirm when your donations will commence. If you have any queries or wish to amend or cancel your Standing Order at any time please contact us on 01228 817618.

Please return this form to:

**Eden Valley Hospice
Freepost NWW 4433A
Carlisle
CA2 4BR**

No stamp required
(but you can help us reduce our costs by using one if you wish)

*Issued by:
Eden Valley Hospice, Durdar Road, Carlisle CA2 4SD.
A Registered Charity No: 1008796*



Eden House at Eden Valley Hospice



Sharing the Caring

**Regular Giving
Information**

Tel 01228 817617

A Registered Charity No: 1008796

Regular Giving

supporting our future

Eden House Children's Hospice is part of Eden Valley Hospice ideally located on the south

side of Carlisle. The hospice serves communities throughout North Cumbria, the Eden Valley area and the South West of Scotland. The Eden House development is the result of the £1Million "Jigsaw Appeal" to convert and extend the child day care facilities into a full Children's Hospice.

The Children's Hospice is operated and funded by Eden Valley Hospice which was established in 1991 to provide care and support for people in the community with terminal or life-limiting illnesses. The Hospice offers day care for up to ten adults and six children and in-patient care for up to 12 adults and five children at any one time.

We are committed to the provision of specialist nursing and medical care in addition to complementary therapies, chaplaincy and bereavement support for as long as necessary. Care is provided free and referrals to the hospice come from general practitioners, hospital consultants and health care professionals and families with a life-limited child.

But all this has an inevitable cost. We need over £1.9 million a year to fund this work. About a quarter of this is provided by the local National Health Service, leaving a shortfall of about £1.5 million to be found through the continuing generosity, help and support of the local communities.

Our Regular Giving Scheme enables people to support the work of the hospice by making regular donations by Standing Order. Support of this kind is particularly welcome as it enables us each year to forecast how much money we will receive from this type of giving and set our budgets accordingly.

If you feel able to join our Regular Giving Scheme please complete the Regular Giving form attached.



Thank You

To join our Regular Giving Scheme, please complete the form below and then return it to us at the freepost address shown on the reverse.

Please complete clearly in block letters

Your Details

Title Mr Mrs Miss Ms Other _____
First Name _____ Last Name _____
Address _____
_____ Post Code _____
Telephone No. _____
EMail (if applicable) _____

Gift Aid

If you are a UK Tax payer we are able to recover the tax paid on your donations at no extra cost to you. If you are willing to allow us to do this please tick the gift aid box below. (A donation of £50 becomes £64 once we recover the tax). Please note you must pay income tax and/or Capital Gains Tax at least equal to the tax that the charity reclaims on your donations in the appropriate tax year.

giftaid it By ticking this box I wish all donations that I make from the date shown below, until I notify you otherwise, to be treated as Gift Aid donations.

Bankers Order

Form

Name of your bank: _____ Bank Plc.
Address of your bank: _____
_____ Post Code _____
Bank Sort Code: - Your Account No:

Please pay: HSBC, Bank Plc. Carlisle

The Sum of: £ on DD / MM / 200Y enter date you wish to make your first donation

and thereafter the same amount on the same day each Year Quarter Month
until further notice. This supersedes all previous standing order Tick the appropriate frequency for your gift.
instructions to this account.

For the credit of **Eden Valley Hospice Carlisle** for hospice use: **Paying Bank Please**
Sort Code: **40-16-22** Account No: **71888307** Quote Ref: _____

Signed: _____ Date _____

