Sponsorship Form

In aid of Jersey Hospice Care

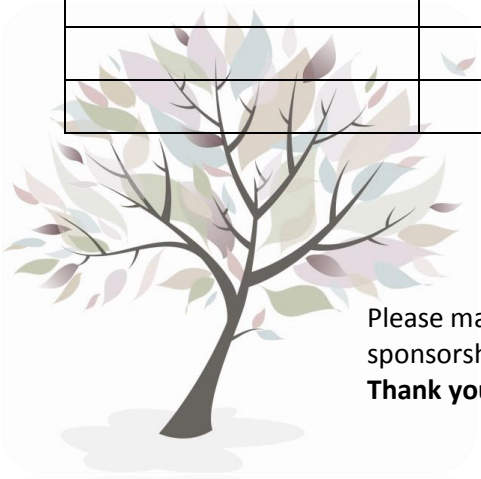
Jersey Hospice Care
your care, your choice, your time

Name _____

Tel _____

Email _____

Name	Contact Details	Amount	Paid



Please make cheques payable to 'Jersey Hospice Care Fundraising Limited' and send all sponsorship into Jersey Hospice Care Fundraising, Mont Cochon, St Helier JE2 3JB.
Thank you for your support