



# *CULLOMPTON UNITED CHARITIES*

## *HELP WITH HOSPITAL TRANSPORT*

A gift of £5.00 per hospital visit:

Name of Patient \_\_\_\_\_ Ref. No. SK/ \_\_\_\_\_

Next of Kin (claimant) \_\_\_\_\_

Address \_\_\_\_\_

Post Code \_\_\_\_\_ Tel. No. \_\_\_\_\_

Length of time a resident of the Parish \_\_\_\_\_ Hospital visited \_\_\_\_\_

Day	Date	Day	Date

Total number of trips \_\_\_\_\_ @ £5.00 per trip GN/ /13

Total paid: \_\_\_\_\_

Increased to £5.00 as agreed Meeting of Trustees 13.03.08 HTS/BLG/Oct 2013

*CULLOMPTON UNITED CHARITIES*

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