# Ducks in a Row

The practical details of your life in one place **Everyone should have one** 



Care. Compassion. Community.

# Introduction



The Prince of Wales Hospice has been providing care to people with a life-limiting illness since 1989. Our services are available to any adult from the Five Towns area of Wakefield district but we also consider referrals from out of region.

We care for patients with any life-limiting illness, including cancer, motor neurone disease and chronic heart and lung disease. We care for anyone over the age of 18, either as a visiting out-patient, or on our ward where we offer 24-hour specialist care. Our Hospice helps people live better with their illness, with many who stay with us eventually returning home after overcoming a specific problem. Many choose the safety and dignity of our Hospice for care at the end of their life. Our care also extends to the carers and families of our patients by providing therapy services and bereavement support.

Our specialist care for local people is provided completely free of charge. But we couldn't do it without your help. We rely on your support through donations to raise over £3m a year. Even a small gift can make a difference.

Please, donate by visiting www.pwh.org.uk/donate or calling 01977 708 868 to help us care for people and their families at those times when they need it most.

# Ducks in a Row

# FINANCES

PLANS AND WISHES

#### What is this book?

We all try to keep things simple, but over our lifetime we accumulate reams of documentation.

The paperwork and digital records that hold the details of a full and active life can be stored in all sorts of places.

We have created this handy Ducks in a Row guide to keep all your important details in one place, so you and others can quickly find important information about your life, without having to sort through all that paperwork. You can use this document to record where you keep key documents, including your will, birth and marriage certificates, as well as key pieces of information such as your energy supplier and insurance information.

But it is not something that is just going to help you. Letting people you trust know about this document can make their life easier down the line too. Having everything in the same place that a loved one might need can help with those final preparations after you have gone. Hopefully this will provide peace of mind for both you and those important to you.

Fill it in. Let someone you trust know. Keep it safe. Enjoy peace of mind.



# Your Personal Details

#### Your information

This section contains space for you to enter information about your immediate family, closest friends, your pets and animals. It may be useful to confirm with your friends that the details you fill in are correct, so that they can be contacted when you need them.

In our changing world, phone numbers, addresses and email contacts often change. It is important to keep track of these so make sure the details you enter are up-to-date.

Spouse, partner, civil partner or next of kin

### You, the Ducks in a Row owner

| Title            | Title            |   |
|------------------|------------------|---|
| Forename(s)      | Forename(s)      | - |
| Last Name        | Last Name        | - |
| Birthday         | Birthday         | - |
| Address          | Address          | - |
|                  |                  | _ |
| Postcode         | Postcode         | _ |
| Country          | Country          | - |
| Telephone number | Telephone number | - |
| Mobile number    | Mobile number    | - |
| Email            | Email            | - |
|                  |                  | _ |

| Your child  | ren, parents, o | dependants or o | other close fa | In this space, record the of your contact lists and a |                       |
|-------------|-----------------|-----------------|----------------|---|-----------------------|
| Contact 1   |                 | Contact 3       |                |   | <b>=</b>              |
| Title Foren | ame             | Title Foren     | ame            |   | PERSONAL              |
| Last name   |                 | Last name       |                |   |                       |
| Birthday    |                 | Birthday        |                |   | CTS CTS               |
| Address     |                 | Address         |                |   | INPORTANT<br>CONTACTS |
| Postcode    | Country         | Postcode        | Country        |   |                       |
| Tel. No.    | Mobile          | Tel. No.        | Mobile         |   | OTHER                 |
| Email       |                 | Email           |                |   | 603                   |
| Contact 2   |                 | Contact 4       |                |   | YOUR                  |
| Title Foren | ame             | Title Foren     | ame            |   | <u>0</u>              |
| Last name   |                 | Last name       |                |   | VOUR                  |
| Birthday    |                 | Birthday        |                |   | N SSOT                |
| Address     |                 | Address         |                |   |                       |
| Postcode    | Country         | Postcode        | Country        |   | FINANCES              |
| Tel. No.    | Mobile          | Tel. No.        | Mobile         |   |                       |
| Email       |                 | Email           |                |   | SAND                  |

PLANS ANI WISHES

# Your pets

| Pet 1                 |     |                                 | Pet 2                 |     |                                 |
|-----------------------|-----|---------------------------------|-----------------------|-----|---------------------------------|
| Name                  |     | Telephone number                | Name                  |     | Telephone number                |
| Type/breed            |     | Location of vaccinations record | Type/breed            |     | Location of vaccinations record |
| Birthday              | M/F |                                 | Birthday              | M/F |                                 |
| Chip No. (if chipped) |     | Insurance company               | Chip No. (if chipped) |     | Insurance company               |
| Special needs         |     | Policy and telephone number     | Special needs         |     | Policy and telephone number     |
| Name of vet           |     |                                 | Name of vet           |     |                                 |

# Your close friends

| Friend 1      |          | Friend 2      | Friend 2 |  |  |
|---------------|----------|---------------|----------|--|--|
| Title         | Forename | Title         | Forename |  |  |
| Last name     |          | Last name     |          |  |  |
| Address       |          | Address       |          |  |  |
| Postcode      |          | Postcode      |          |  |  |
| Country       |          | Country       |          |  |  |
| Telephone num | nber     | Telephone nun | nber     |  |  |
| Mobile number |          | Mobile numbe  | r        |  |  |
| Email         |          | Email         |          |  |  |
|               |          |               |          |  |  |

# **Medical record**

| Are you taking any medicines? Y N | Your medical or health conditions that might be important for peo | ople to know | E                     |
|-----------------------------------|---|--------------|-----------------------|
| If yes, complete the table below  |   |              | PERSONAL<br>Details   |
| Name                              |   |              | PERS                  |
| Reason for taking                 |   |              | E co                  |
| Where is it kept?                 | Do you suffer from allergies/allergic reaction to medication?     | Y N          | IMPORTANI<br>Contacts |
|                                   | If yes, please list them here:                                    |              | ≣S                    |
| Name                              |   |              | R<br>CTS              |
| Reason for taking                 |   |              | OTHER<br>CONTACTS     |
| Where is it kept?                 |   |              |                       |
|                                   | Do you have a pacemaker or similar appliance fitted?              | Y N          | YOUR<br>Documents     |
| Name                              | Please list details here:   |              | DOCU                  |
| Reason for taking                 |   |              | SNC                   |
| Where is it kept?                 |   |              | YOUR<br>Possessions   |
|                                   |   |              | POS                   |
| Name                              | Do you carry an organ donor card?                                 | Y N          | CES                   |
| Reason for taking                 | If so, where is it kept?  |              | FINANCES              |
| Where is it kept?                 |   |              |                       |
|                                   |   |              | 0                     |

# Your Important Contacts

You probably have a range of contacts who form part of your life. These include people like your doctor, your spiritual leader or a club secretary. It can be extremely helpful to have details of all these people in one place. There might be contacts of local shops and services you can record here, such as your cleaner, gardener or milkman.

If you are employed, or undertake voluntary work, these can be very useful to write

down, as well as your membership of clubs and organisations.

Including a list of general contacts such as local police and emergency contact numbers for utility companies can be very handy, if you need them yourself.

### **Key health contacts**

(e.g. doctor, pharmacist, optician, local hospital, dentist, district nurse, etc.)

| Contact 1    | Contact 2    | Contact 3    |
|--------------|--------------|--------------|
| Contact type | Contact type | Contact type |
| Tel. No.     | Tel. No.     | Tel. No.     |
| Name         | Name         | Name         |
| Address      | Address      | Address      |
|              |              |              |
|              |              |              |

## **Home contacts**

(e.g. cleaner, home help, meals on wheels, local authority care manager)

| Contact 2    | Contact 3    | Contact 4   | M  |
|--------------|--------------|---|--|
| Contact type | Contact type | Contact type  | MPORTANT   |
| Tel. No.     | Tel. No.     | Tel. No.  |  |
| Name         | Name         | Name  | OTHER  |
| Address      | Address      | Address   | 6  |
|              | Tel. No.     | Contact type     Contact type       Tel. No.     Tel. No.       Name     Name | Contact typeContact typeContact typeTel. No.Tel. No.Tel. No.NameNameName |

# **Work contacts**

(e.g. employment colleague, business partner, employee, main work contact, voluntary work contact)

| Contact 1    | Contact 2    | Contact 3    | NOV |
|--------------|--------------|--------------|-----|
| Name         | Name         | Name         | Ø   |
| Contact type | Contact type | Contact type |     |
| Contact No.  | Contact No.  | Contact No.  |     |
| Address      | Address      | Address      |     |
|              |              |              |     |

PERSONAL Details

# **Local Traders**

(e.g. milkman, newsagent, gardener, taxis, or shops where accounts are held)

| Contact 1    | Contact 2    | Contact 3    |
|--------------|--------------|--------------|
| Contact type | Contact type | Contact type |
| Tel. No.     | Tel. No.     | Tel. No.     |
| Name         | Name         | Name         |
| Address      | Address      | Address      |
|              |              |              |
|              |              |              |
|              |              |              |

| Contact 4    | Contact 5    |
|--------------|--------------|
| Contact type | Contact type |
| Tel. No.     | Tel. No.     |
| Name         | Name         |
| Address      | Address      |
|              |              |

| Contact 6    |  |
|--------------|--|
| Contact type |  |
| Tel. No.     |  |
| Name         |  |
| Address      |  |

# INTRODUCTION

# CONTACTS

# **Organisation contacts**

(e.g. clubs, retirement association, services club, memberships, unions)

| Contact 1    | Contact 2    | Contact 3    |          |
|--------------|--------------|--------------|----------|
| Contact type | Contact type | Contact type | PERSONAL |
| Tel. No.     | Tel. No.     | Tel. No.     |          |
| Name         | Name         | Name         | BTANT    |
| Address      | Address      | Address      |          |
|              |              |              |          |
|              | 0            |              |          |
| Contact 4    | Contact 5    | Contact 6    | ×        |

Contact typeContact typeContact typeTel. No.Tel. No.Tel. No.NameNameNameAddressAddressAddress

# **Others**

(e.g. accountant, solicitor, spiritual leader)

| Contact 2    | Contact 3                        |   |
|--------------|----------------------------------|---|
| Contact type | Contact type                     |   |
| Tel. No.     | Tel. No.                         |   |
| Name         | Name                             |   |
| Address      | Address                          |   |
|              |                                  |   |
|              | Contact type<br>Tel. No.<br>Name | Contact type     Contact type       Tel. No.     Tel. No.       Name     Name |

### **Useful contact numbers**

| Local police (non-emergency) |              | Local authority        |
|------------------------------|--------------|------------------------|
| Doctor (out of hours)        |              | Citizens Advice Bureau |
| Water (emergency)            |              | Library                |
| Sewerage (emergency)         |              | Other                  |
| Gas national (emergency)     | 0800 111 999 |                        |
| Electricity (emergency)      |              |                        |

# Your Documents

As you go through life, you collect many legal documents, such as birth, marriage, civil partnership certificates, deeds and a Will.

In this section, you can record the existence and whereabouts of these documents.

Knowing where these can be found is essential for your family or executor in the future if they need to manage your affairs.

# **Document whereabouts**

| Document                               | Location                              | MPORI    |
|--|---------------------------------------|----------|
|  | (e.g. filing drawer, solicitor, bank) |          |
| Birth certificate                      |                                       | 2        |
| Marriage/civil partnership certificate |                                       | OTHER    |
| Deeds to your property                 |                                       |          |
| Passport                               |                                       | LR       |
| Driving licence                        |                                       | YOUR     |
| Television licence                     |                                       |          |
| National Insurance card                |                                       | VOUR     |
| NHS number                             |                                       |          |
| Bus pass or travel card                |                                       | S I      |
| Other                                  |                                       | FINANCES |
|  |                                       |          |

PERSONAL Details If you have a life insurance, it is important that their existence is known.

#### Do you have life insurance?

Company name

Telephone number

Where documents are kept

- A Lasting Power of Attorney (LPA) allows you to appoint a trusted person(s) to act on your behalf if you are unable to make certain decisions yourself. There are two different types of LPA

   Health & Welfare and Property & Financial Affairs.
- Living wills, advance decisions, advance statements or advance directives. All these documents state your wishes should you become unable to make or express your own decisions, giving the people involved in your care the confidence to take decisions based on what you wanted to happen.

If you have any of these documents it is advisable to make sure they are kept up to date and that relevant people know about them, so they can be used if needed.

| Location          | Executor(s)* |  |
|-------------------|--------------|--|
| Will              |              |  |
| Power of Attorney |              |  |
| Living Will       |              |  |

\*Executor(s)/attorney/nominated person as named in the appropriate document

# YOUR Possessions

# A Will is an important document that ensures those you care about are provided for after your death.

Writing a Will allows you to decide what happens to your assets and possessions when you die. Without a valid Will, a person's estate is said to be 'intestate' and can mean that the specific wishes you may have for your family or loved ones may not be carried out. We recommend that you use an experienced solicitor to draft your Will or make amendments to an existing Will.

We hold Free Will Weeks regularly, where you can have your will written free of charge by professional solicitors. For further information please, contact a member of our Fundraising Team at fundraising@pwh.org.uk or call 01977 708 868.

#### What about Inheritance Tax?

If your estate is over a certain value your beneficiaries will need to pay Inheritance Tax; 40% will be taken from the portion of your estate that is over the threshold.

Gifts to charities are exempt from Inheritance Tax and the value of your estate is calculated after the value of gifts like these are deducted. For more information, please visit the HMRC website: www.hmrc.gov.uk/inheritancetax

#### **Gifts to Charities**

We know that your first priority when making your will is to provide for your loved ones, but many people find that after they have done this they are able to leave a gift to a charity.

Since 1989, The Prince of Wales Hospice has provided exceptional care and support for patients with life-limiting illnesses. Through our Hospice services, our specialist care teams reach over 1,300 patients and their loved ones in the Five Towns area of Wakefield district each year.

As a charity, all of our services are provided free of charge. Only 25% of our hospice costs are covered by the NHS; this means that we rely on the generosity of our community to enable us to be there for patients and their families when we are needed the most. Our ambition is to enable each patient we meet to live every day to the fullest. Our goal is to ensure that our care is available and accessible to all who will need it in the years to come.

Gifts in Wills are absolutely vital to the care we provide. A gift in your Will can help ensure the future of our Hospice care – the care we would all want for our loved ones and the care our community deserves.

For more information about leaving a gift in your Will to the Hospice, please visit our website www.pwh.org.uk or contact a member of the fundraising team by email at fundraising@pwh.org.uk or call 01977 708 868.

# Your Possessions

Everybody has possessions and it can be extremely useful to maintain a record of what they are, where they are located and where key documents relating to them are kept. Your Ducks in a Row is the ideal place for noting this down. This might include information about property, vehicles and significant possessions.

### Property that you own

| Address (if different to the details given on page 6) | Freehold and Leasehold                           |                      |  |
|---|--|----------------------|--|
|   | Are you the freehold owner or leaseholder?       | Y N                  |  |
|   | If freehold owner, do you have an equity release | e or mortgage on the |  |
|   | property?  | Y N                  |  |
| Postcode  | If so, provider details:                         |                      |  |
| Country   |  |                      |  |
| Telephone number                                      | If leaseholder, who is your landlord?            |                      |  |
|   | Landlord telephone number                        |                      |  |
|   | Do you have a tenant?                            | Y N                  |  |
|   | Tenant telephone number                          |                      |  |
|   |  |                      |  |

#### Here you can record details of cars, motorcycles, caravans, mobility scooters, etc.

| Vehicle 1                                     | Vehicle 2                                     |          |
|---|---|----------|
| Name of keeper of vehicle                     | Name of keeper of vehicle                     | NAL      |
| Make Model                                    | Make Model                                    | PERSONAL |
| Registration number                           | Registration number                           |          |
| Location of documents relating to the vehicle | Location of documents relating to the vehicle | ORTANT   |
| Where serviced                                | Where serviced                                | IMPO     |
| Warranty details                              | Warranty details                              |          |
| Garaging or parking permit details            | Garaging or parking permit details            | OTHER    |
|   |   |          |

**Significant possessions:** It may be worthwhile noting your significant possessions here. This often brings peace of mind, because if someone else must manage your affairs, they may not be fully informed and important items could be lost.

Significant possessions might include antiques, furniture, ceramics, glass, jewellery, rugs, paintings, watches, clocks, books.

Items of sentimental value might include letters/cards, photographs, photograph albums, costume jewellery, items from your childhood or from your children and family memorabilia. YOUR DOCUMENTS

# Your Finances

This is where you can put all your financial information together in one place. It will allow you to keep track of your different financial arrangements and help your family or trusted person to look after your affairs should the need arise. PLEASE DO NOT RECORD PIN NUMBERS OR KEY SECURITY INFORMATION OF ANY SORT HERE.

### Accounts

Here you can list the various financial accounts you have. This might include current accounts, savings accounts, mortgage accounts, ISAs, or National Savings.

| Organisation 1        |           |     | Organisation 3       |            |     |
|-----------------------|-----------|-----|----------------------|------------|-----|
| Name(s) in which accc | ount held |     | Name(s) in which acc | count held |     |
| Туре                  | Tel. No.  |     | Туре                 | Tel. No.   |     |
| Cheque book or Passl  | book      | Y N | Cheque book or Pass  | sbook      | Y N |
| Debit card            |           | Y   | Debit card           |            | Y N |
| Organisation 2        |           |     | Organisation 4       |            |     |
| Name(s) in which acco | ount held |     | Name(s) in which acc | count held |     |
| Туре                  | Tel. No.  |     | Туре                 | Tel. No.   |     |
| Cheque book or Passk  | book      | Y N | Cheque book or Pass  | sbook      | Y N |
| Debit card            |           | Y N | Debit card           |            | Y N |

# Pensions

You may have pensions (e.g. state or work), shares. You can record who they are with here.

# **Credit and store cards**

(Do not list card numbers)

| Organisation 1 |          | Issuer            | Tel. No.                                 |
|----------------|----------|-------------------|--|
| Туре           | Tel. No. | Card 1            |  |
| Organisation 2 |          | Card 2            |  |
| Туре           | Tel. No. | Card 3            |  |
| Organisation 3 |          |                   |  |
| Туре           | Tel. No. | Where do you keep | documents relating to all these affairs? |

## Notes of other regular payments

(e.g. standing orders, direct debits, membership fees, charity donations)

| Organisation         | Tel. No.                                |
|----------------------|---|
| 1                    |   |
| 2                    |   |
| 3                    |   |
| 4                    |   |
| Where do you keep do | ocuments relating to all these affairs? |

# Other useful financial information

**HM Revenue and Customs office:** 

Location

Telephone number

#### State benefit contact:

Location

Telephone number

Benefits claimed

This section also allows you to note details of the different insurance policies that cover your life arrangements, as well as the essential accounts you hold with different utility companies.

Account No

### Utility and key suppliers and accounts Insurance policies

Supplier

List organisation, document policy no., renewal date and location

| esphile i i i i i i i i i i i i i i i i i i |   |
|---|---|
| Water                                       | Home Contents   |
| Sewerage                                    | Building  |
| Gas   | Motor   |
| Electricity                                 | Motor Breakdown   |
| Telephone                                   | Life  |
| Mobile phone                                | Travel  |
| Internet/broadband                          | Health/long term care   |
| Cable/satellite TV                          | Other (eg. warranties)  |
| Council tax                                 |   |
| Landlord/rent                               |   |
| Other                                       |   |
|   | Do you receive any income related benefits i.e. Universal     |
|   | Credit or health related benefit such as Personal Independent |
|   | Payment or Attendance Allowance?                              |
|   | Location  |
|   | Telephone number  |
|   |   |

# Your Plans and Wishes

The place I would like to be cared for when I'm dying is:

# **Your Plans**

My usual home

Recording your plans allows you to express who you are and what is important to you.

This will help ensure that your wishes are taken into consideration when decisions are being made about your future care if you cannot make these decisions vourself.

Name

Writing in this booklet enables you to make vour wishes known.

It is not a legally binding document.

People who I would like with me when I am dying:

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#### Relationship Hospital Hospice Contact details Other Name If other, please give details: Relationship Contact details The place I would like to die is: Name My usual home Relationship Hospital Contact details Hospice Name Relationship Other Contact details

If other, please give details:

When you talk to me, make sure: (e.g. my hearing aid is on, my glasses are on, I can see your face)

I have a faith or belief system that is important to me: I do NOT wish to have Cardiopulmonary Resuscitation (CPR) in (please, give details) the event of cardiorespiratory arrest. I have a Do Not Attempt Resuscitation (DNACPR) form that has been signed by a healthcare professional and is kept (location): Things I could NOT do without: (e.g. skin care, makeup, items of clothing) Name(s) of carers, family or friends who are aware of this decision: Music Llike to listen to: I have a Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) form or other Emergency Care Plan that has been signed by a healthcare professional and which is kept (location): Parts of my daily routine that are important to me: (e.g. coffee in the morning, favourite TV programmes, reading before bedtime) Name(s) of carers, family or friends who are aware of this decision:

# YOUR Possessions

# **Your Final Wishes**

This section of the Ducks in a Row document is the ideal place for you to include your thoughts and wishes for the time when others will have to administer your affairs. It will undoubtedly be a difficult time for your loved ones but made so much easier if they know what your preferences are.

#### Your funeral wishes

Most of us try to avoid thinking about our own death and organising your own funeral may not be something you wish to think about. It may be helpful to consider what type of funeral you would like, where you would like it to be held, who would like to be there, any readings and poems you would like to be read (and by whom) and any particular music you would like to be played.

Above all, this section is the perfect opportunity to let loved ones know your wishes.

Go through the steps, answering and ticking where you can. If you are not sure, don't worry. Just complete what you can. Any guidance you can give will help your loved ones. If you have no preference, simply say so.

### Service

| Would you like a Funeral Service?                     | YNN |
|---|-----|
| or a brief committal at the graveside or crematorium? | Y N |

### **Medical Science**

If you have arranged to donate your body to medical science, please note here who needs to be notified of your death to make the necessary arrangements:

Name

Telephone number

Do you carry an Organ Donor Card?



If ves, in which religion / spiritual belief / philosophy?

If yes, where would you like it to be held?

| do not mind where I am cremated   |
|---|
|   |
| would prefer to be cremated at  |
|   |
|   |
| ld like my ashes to be  |
| cattered 🔲 Buried 📄 Interred 📄 Kept   |
| e indicate where, e.g. a special place, crematorium, burial plot,<br>us location, family grave, crematorium garden of remembrance,<br>n or I would like to allow my family to decide. |
| u<br>S<br>S<br>S<br>S   |

If not, where would you like to be buried, e.g. religious location/ cemetery/ woodland or green site/ other? Please give details.

# NTRODUCTION

# **My coffin**

#### I would like my coffin to be

#### Traditional (wood)

Modern (e.g. wicker/cardboard/decorated)

#### I would like my body to rest

e.g. at the funeral home, at home, in the family home or at the church the night before the service.

# My service

#### I would like my funeral to be conducted by:

Name

Telephone number

#### I would like the following at my funeral

e.g. Music, songs sung or played, readings e.g. poems, eulogy, religious words and prayers

I would prefer my body to be embalmed if possible.

I would not prefer my body to be embalmed if possible.

I would prefer my body to be dressed in

# My preferred route is



do have a preference about what route is taken to the service

do not have a preference about what route is taken to the service

### Announcement

I would like the announcement of my death to be made in Local press National press

I would wish the notice to go into the following publications. Name of newspaper(s)



# **Family and Friends**

I would like the following family members and friends to be asked if they would take part in the funeral, e.g. as a coffin bearer or a reader:

Name

Name

Tel. number

Tel. number

What I would like them to do

What I would like them to do

# After the funeral

I would want my friends and family to join together and...

| M | em   | ori | al |
|---|------|-----|----|
|   | CIII |     | aı |

I would like a memorial stone of the following type and with the following words

# **Flowers or donations**

I would like flowers at my funeral

I would not like flowers at my funeral

If yes, do you have a preference on what type?

I would prefer another type of commemoration

E.g. bench, tree planted, donation to a charity.

I would prefer donations to go to the following charities:

# **Special requests**

I wish my pet(s) to be cared for after my death in the following manner

### **Online accounts and social media sites**

If you use the internet, it is important to record what accounts you have and what you wish to do with them.

I wish to close down my online and social media accounts.

| L I wish to close down my online and social media accounts.<br>The list of accounts: | Login credentials: | ERSONAL    |
|--|--------------------|------------|
| Social media accounts: (e.g. Facebook, Twitter, YouTube)                             |                    |            |
|  |                    | IMPORTANT  |
| Email accounts: (e.g. Yahoo, Outlook)  |                    | OTHER      |
| Communication accounts: (e.g. Viber, Skype)  |                    | YOUR       |
| Online subscriptions: (e.g. Netflix, Amazon Prime, Spotify)                          |                    | YOUR       |
| Online photo storage: (e.g. Google Drive, iCloud, Dropbox)                           |                    | FINANCES   |
|  |                    | AND IS AND |

WISHES

# Other wishes

E.g. requests, cultural or religious requirements and customs not already covered

I have I have not made some financial provision for these arrangements and wishes. If ves, give details

### Leaving a message

You might want to consider leaving a message to your loved ones. Many of us leave things unsaid with those we care about the most and so often people say. 'I wish I had asked him or her...', 'I wish we had talked about...' or 'I wish I had told them...'

There may well be topics you have never discussed or information that you might want to pass on to your loved ones and talking to them face to face could be difficult or might not be the best way for you to handle it. Instead, writing a letter could be the simplest solution. It might well include information about your family or it could just be the perfect occasion to tell them how much they have meant to you.

Another method for anyone accustomed to making recordings or using a mobile phone is to create a digital film containing your message. That would provide those that you have loved with a record that they would treasure forever.

My message is to be found

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# Giving in Memory

Did you know there are many ways to leave a lasting tribute to your loved one while you are supporting the Prince of Wales Hospice to give specialist care for people in the local community? All of the tributes below are available to everyone.

#### Donation in lieu of funeral flowers – Arranging a funeral collection

We can provide you with discreet donation envelopes, for distribution at the funeral or wake. You can also create a funeral tribute page which will also act as a funeral notice, where you can share funeral arrangements with family and friends, as well as offering them the ability to make their donation online and leave a message of condolence.

**Celebration Tree -** Our Celebration Tree is a beautifully artistic symbol of life and love. The many leaves come together to signify strength and support of our community, and stand as a tribute to

those we love. You can dedicate a leaf or acorn on our tree in memory of a loved one.

#### Forget me not tribute pages

You create a tribute page in the name of your loved one. You can then share this with family and friends, and they can also add their special memories and photographs. When anyone makes a donation or fundraises in their memory, the money is added to your fund. Your page becomes a permanent memorial to your loved one.

**Light up a Life -** Christmas is a time when we remember our loved ones, and Light up a Life provides an opportunity for families and friends to remember those no longer with us.

For further information please, visit www.pwh.org.uk or contact a member of our Fundraising Team at fundraising@pwh.org.uk or call 01977 708 868.

Hospice care would not be possible without your support.

Find out how you can get involved at www.pwh.org.uk/supportus or call 01977 708 868.

The Prince of Wales Hospice Halfpenny Lane, Pontefract, West Yorkshire WF8 4BG Call 01977 708868 Click www.pwh.org.uk Email contact@pwh.org.uk



The Five Towns Plus Hospice Fund Limited Registered Charity number 514999, Registered Company number 1797810

