



TORBAY HOSPITAL
League of Friends
Helping to care...

I/WE enclose
 £ _____

I am aware that I must pay an amount of Income/ Capital Gains Tax at least equal to the tax the Charity reclaims on my donation in the tax year.

SUBSCRIPTION FORM

- Please enrol me as a member of the League of Friends
- I would like the League of Friends to treat donations I make from the date of this Declaration until I notify otherwise as a GIFT AID DONATION
- By cheque payable to "The Torbay Hospital League of Friends"
- By completing the Bankers order for below.

Signature: _____

 Date: _____

Name: _____

Address: _____
 Postcode: _____

BANKERS ORDER FORM

To (Your Bank Name): _____

Address: _____
 Postcode: _____

Please pay National Westminster Bank, Torquay, 55-70-01 for the credit of **TORBAY HOSPITAL LEAGUE OF FRIENDS** (Registered Charity No: 200905). Account No. 05909295 the sum of:

£ _____ Words: _____

Commencing NOW _____ and thereafter annually every _____ (due date) until further notice from me/us in writing

Account to be debited: _____

Account Number _____

First Signature _____

Second Signature _____

Print name: _____

Print name: _____

Dated: _____

Please send completed form(s) to Mrs J Hearne, Membership Secretary, Torbay Hospital League of Friends, 2 Heathlands Court, Heathlands Rise, Teignmouth TQ14 9HH