

Can YOU help....



Please complete the forms and place in an envelope which should be addressed to
FREEPOST, RSLs-XATE-ECYY, (No stamp necessary)
Torbay Hospital League of Friends,
Mrs. J. Hearne, 2 Heathlands Court, Teignmouth, TQ14 9HH



TORBAY HOSPITAL
League of Friends
Helping to care...

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 form below.

Name:

Address:

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.

Signature:

Date:

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:

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