

I Would Like To Donate and/or Become A Member*

Title	_____	First Name or Initial	_____
Surname	_____		
Full Home Address	_____ _____		
Email Address	_____ _____		

I would like to make a donation of £_____ to Torbay Hospital League of Friends by cheque / postal order made payable to:
TORBAY HOSPITAL LEAGUE OF FRIENDS

I would like to become a member of **TORBAY HOSPITAL LEAGUE OF FRIENDS** and have:

Either: Enclosed my cheque/postal order for £_____

Or: Completed the Bankers Order Form overleaf

giftaid it

Boost your donation by 25p of Gift Aid for every £1 you donate

Gift Aid is reclaimed by the charity from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer.

In order to Gift Aid your donation you must tick the box below:

I want to Gift Aid my donation of £_____ and any donations I make in the future or have made in the past 4 years to **TORBAY HOSPITAL LEAGUE OF FRIENDS**

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

Please notify the charity if you:

- want to cancel this declaration
- change your name or home address
- no longer pay sufficient tax on your income and/or capital gains

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

** See overleaf*

Please send completed form[s] to: Mrs J Hearne, Membership Secretary
TORBAY HOSPITAL LEAGUE OF FRIENDS
2 Heathlands Court, Heathlands Rise, Teignmouth TQ14 9HH

MEMBERSHIP OF THE LEAGUE

- Entitles you to receive a twice yearly newsletter which contains a comprehensive list of forthcoming events and latest news.
- Entitles you to attend our AGM each year and take part in the election of new trustees.
- The amount of subscription is entirely up to you but we respectfully suggest a minimum of £10.00 per annum.

Standing Order Mandate

To (*Your Bank Name*) _____

Postal Address _____

Please pay by banker's standing order

To: National Westminster Bank Torquay

Sort Code: 55-70-01

Account Number: 05909295

Name of Account: TORBAY HOSPITAL LEAGUE OF FRIENDS
[Registered Charity No: 200905]

Amount (Figures): £ _____

Amount (Words): _____

Date of First Payment: _____

And thereafter
ANNUALLY every
[due date] _____

Until further notice

Account to be debited: _____

Account number: _____

Sort Code: _____

First Signature: _____

PRINT NAME _____

Second Signature: _____

PRINT NAME _____

Date: _____

Address: _____