

**I WOULD LIKE TO DONATE**

**AND/OR**

**BECOME A MEMBER**

**MY DETAILS**

Title

First name or Initial Surname

Full Home Address

Postcode

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 on the opposite page



**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.

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

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**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**

Amount (Figures): £

Amount (Words):

Date of First Payment:

And thereafter **ANNUALLY every**

[due date]

**Until further notice and debit my account:**

Account to be debited:

Account number:

Sort Code:

First Signature:

**[Print Name]**

Second Signature

**[Print Name]**

Date:

Address

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

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