

# SUBSCRIPTION FORM

The League of Friends of Edenbridge Hospital  
Mill Hill, Edenbridge, TN8 5DA



Registered Charity No. 231789

## MEMBER'S DETAILS

Mr/Mrs/Ms      Initials      Surname

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Postcode \_\_\_\_\_

I am happy to receive

The League of Friends newsletter by email

*please tick box as necessary*

## SUBSCRIPTION DETAILS (we recommend a minimum of £5)

Subscription     £5     £10     £20     £50     Other £ \_\_\_\_\_

Cheque enclosed   

*Please make cheques payable to: THE LEAGUE OF FRIENDS OF EDENBRIDGE HOSPITAL*

Banker's Order already in place     £ \_\_\_\_\_

OR

I would like to pay by Banker's Order in the future     *Please complete details overleaf*

Many thanks to all our members who renewed their subscription last year.

We are dependent on the regular income we receive from our members to help improve the services offered by our hospital. We have several hundred registered members with subscriptions last year totalling more than £12,000. If you can afford to give regularly, you can be assured that your money is directly helping the level of care and future expansion of the Hospital, our Committee works in a voluntary capacity.

To renew your membership please complete the details above and return to us with your subscription. If you would like to set up a new Banker's Order, please complete your details where indicated and return this form to: The Treasurer, *address as stated at the top of this form*.

Any query please call or email our Treasurer on: 07800 579 127 / [membership@ehlof.org.uk](mailto:membership@ehlof.org.uk)

**If you are a UK income tax payer you can boost your donation by 25p of Gift Aid for every £1 you donate. Gift Aid is reclaimed by our charity from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer, all you have to do is complete the section for Gift Aid overleaf.**

Thank you for your continuing support.

## NEW BANKER'S ORDER

Name of your Bank \_\_\_\_\_

Address of Bank \_\_\_\_\_

Postcode \_\_\_\_\_

Please pay to:

Account: **The League of Friends of Edenbridge Hospital**

Bank: **Lloyds, Edenbridge**

Sort Code: **30-92-92**

Account No: **01240742**

The sum of £ \_\_\_\_\_ each **month / quarter / year\*** until further notice. (*\*Please delete as necessary*)

Starting on \_\_\_\_\_ / \_\_\_\_\_ /20 \_\_\_\_\_ (*Please choose a date at least one month hence*)

Name of account to be debited \_\_\_\_\_

Sort Code \_\_\_\_\_

Account Number \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ /20 \_\_\_\_\_

This cancels all existing banker's orders payable to the charity **YES/NO\***

## CHARITY GIFT AID DECLARATION

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

I want to Gift Aid my donation of £ \_\_\_\_\_ to:

**OR**

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:

### THE LEAGUE OF FRIENDS OF EDENBRIDGE HOSPITAL

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

Title \_\_\_\_\_ First name or initial(s) \_\_\_\_\_

Surname \_\_\_\_\_

Address (*if different to overleaf*) \_\_\_\_\_

Postcode \_\_\_\_\_ Date \_\_\_\_\_

Please notify us 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.*