

**LEAGUE OF FRIENDS OF
ALDEBURGH AND DISTRICT
COMMUNITY HOSPITAL**

Registered Charity no: 247890.

Join now and get membership for 12 months. There is no minimum subscription. Give as much as you like.

Please return this form marked LEAGUE OF FRIENDS to the Hospital, Park Road, Aldeburgh IP15 5ES
If you can please sign the Gift Aid Declaration.

Membership Application

I/We

of

.....

.....Postcode:.....

Telephone: Email:

Hereby apply for membership of the League of Friends and enclose a cheque for £
for membership for one year from this date or have completed the standing order form below.

Signed: Date:

STANDING ORDER MANDATE

To the Manager,Bank plc

Address:.....

.....

.....Postcode:.....

Sort Code:/...../.....Account No.....

Please pay The League of Friends of Aldeburgh and District Community Hospital at Barclays Bank Aldeburgh (Sort Code 20-98-07 Account Number 60163120) the sum of £
on receipt of this mandate and annually thereafter until further notice.

Signature(s)..... Date: ____/____/____

GIFT AID

We welcome payment by Gift Aid as it increases the amount we receive at no extra cost to the donor. If you are a taxpayer and would like the society to recover tax on payments that you make to the society, will you please sign the following declaration.

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 25p of tax on every £1 that I give.

Signature:.....Date:.....