

Become a Friend of Holy Cross Hospital to help support its long term patients

Friends of Holy Cross Hospital Membership Form

Your details												
Title		irst name Last Name				ame						
	<u> </u>											
Your address												
Address L	Address Line 1											
Address li	Address line 2											
Town / City Post Code						de						
Contact details												
Telephone	e no		Email address									
This email address will be used to send your membership confirmation												
Payment Method and Amount Amount						Amount	Start Date					
Monthly by Standing Order						£	dd	mm	уууу			
Annually by Standing Order						£	dd	mm	уууу			
Annual Payment by Single Donation: New member / Renewal (delete as appropriate)						£	dd	mm	уууу			
An annual	minimum of	f £20 is kindly red	quested. Please t	ick your p	referred	payment metl	hod.	1	I			
Gift Aid												
Gift Aid raises more funds for Holy Cross Hospital without costing you a penny more. If you're a UK taxpayer we can reclaim the tax on your membership subscriptions and donations. For every £1 you give, we can claim a further 25p from HM Revenue and Customs. All we need is for you to tick this box. I would like The Friends of Holy Cross Hospital to reclaim the tax on any eligible donations or membership subscriptions that I have already made or will make until further notice. I confirm that I pay at least as much UK income or capital gains tax as will be reclaimed by all charities* on my donations in each tax year (currently 25p for every £1 you give). *Including Community Amateur Sports Clubs; please note that other taxes such as council tax and VAT do not qualify.												

The Friends of Holy Cross Hospital is a registered charity (no: 248993) with the purpose of raising funds for use by the hospital to enhance the quality of life of its severely disabled patients. Please return completed form (with cheque if paying by single annual payment) to: **F Headon, Greenlea, Hedgehog Lane, Haslemere, GU27 2PJ.**



Become a Friend of Holy Cross Hospital to help support its long term patients

Email opt-in											
I am happy to be contacted by The Friends of Holy Cross Hospital by email and email newsletter about membership, fundraising and other activities. Your email address is not shared with any third party.											
Your signature											
Signature					Date						
Instruction to you	ır bank	or build	ling soc	iety to pay by s	tandin		<u>Je</u> o				
Standing order is the With a standing orde cheques every year. up a standing order or To The Manager:	r your sul Please co	bscriptior omplete t	n comes o he Standi	out of your bank a	automati on below	cally and ther and hand it i	re's no need to send n to your bank or set				
Name of Bank											
Address of Bank						Post Code					
I / We hereby aut Account Name (s)	horise y	ou to d	ebit my	/ our account							
Account Details											
Sort code				Account Numb	er						
Amount	£			Frequency		Monthly					
Start date	dd	d mm yyyy		(please tick you preferred choice		Annually					
And credit the acc	count of										
Account Name	Fri										
Bank Name / Branch		yds TSE		emere, Surrey							
Sort Code	30				0	0 5 7	1 1 6 1				
Quoting reference	(please v										
Authoricad cignature	o (c)				Г	Date					

Please return completed standing order form to your bank.