

APPLICATION FORM

I wish to become a Friend of Holy Cross Hospital.
(The annual subscription is £10 but the payment of a larger donation is always most welcome.
Please accept our warmest thanks for your gift.)

1) I enclose my subscription for the current calendar year of £.....

Alternatively:

2) I wish to pay by Standing Order and have completed the attached Bankers Order form.

Name:.....

Address:.....

.....

.....

Post Code.....

Tel No:.....

Email:.....

GIFT AID

I declare that all my donations to the Friends of Holy Cross Hospital on or after 6 April 2000 are Gift Aid donations.

I want the Friends of Holy Cross Hospital to reclaim tax on my Gift Aid donations.

Signed.....

(Please delete this declaration if you are not a taxpayer)

BANKERS ORDER

To the Manager

.....Bank plc

Address.....

.....

.....

Post Code.....

Please pay to the account of the Friends of Holy Cross Hospital at Lloyds TSB, Shottermill Branch:

Sort Code: 30-93-94

Account No: 0571161

The sum of: £..... per annum

Starting on the.....(day) of.....(month) 200...until further notice.

Please debit Account No:.....

Signature.....

Name (please print).....

Date.....

Address.....

.....

.....Post Code.....