

DONATION

Whether your donation is large or small it will be gratefully acknowledged

I enclose a cheque for £ in favour of

The Friends of Woking Community Hospital

OR I have transferred £ electronically to the Friends' account

The Friends of Woking Community Hospital Lloyds TSB A/c No: 0147862 Sort Code: 30-99-80

Name (Mr/Mrs/Miss/Mr & Mrs)

Address

..... Post Code

Tel.

E-mail

GIFT AID DECLARATION *If you are a UK taxpayer, and make a valid Gift Aid Declaration, the Friends can reclaim tax currently equivalent to 25% of your subscription or other donation.*

I am a UK taxpayer, and I would like tax to be reclaimed through the Gift Aid Scheme on all my donations, including subscriptions, to the Friends of Woking Community Hospital, from January 1st 2008 onwards. I note that I must have paid an amount of income tax or capital gains tax that at least equals the tax reclaimable on my donation(s) and I undertake to inform the Treasurer of the Friends of Woking Community Hospital if I cease to be a UK taxpayer.

Full Name

Address

..... Postcode

Signed..... Date

Please return the completed form, with your cheque (if any) to

The Treasurer, The Friends of Woking Community Hospital,
White Lodge, Pond Road, Woking, Surrey GU22 0JT

We would like to record your name, address, e-mail address and telephone number on our computer system to enable us to keep you informed of Friends' news and events. This personal information will be protected and processed in accordance with the Data Protection Act 1998. The Chairman, the Treasurer, the Secretary and the Membership Secretary have access to the computerised records. If you do not want us to record your details, please inform the Membership Secretary in writing.