

THE FRIENDS OF WOKING COMMUNITY HOSPITAL

Registered Charitable Incorporated Organisation No. 1178417

To: Mr P W Ankers, Secretary, 4 Roughlands, Pyrford, Woking GU22 8PT
(E-mail pandgankers@gmail.com Telephone 01932 352246)

MEMBERSHIP APPLICATION AND SUBSCRIPTION – 2019

I would like to become a member of The Friends of Woking Community Hospital,
and I enclose a cheque/cash

OR I have transferred electronically to the Friends' bank account:

The Friends of Woking Community Hospital, Lloyds Bank A/c No: 18241668 Sort Code: 30-98-90

our 2019 subscription of £..... (minimum £5 per person for each annual membership)

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

Address

..... Post Code

STANDING ORDER *The cost of collecting your **subscriptions for 2020 onwards** will be much reduced if you are prepared to pay them by Standing Order. So we ask that you complete the section below, and we will forward it, with your own name and address as above, to your Bank.*

To: The Manager, (Bank)

Address

..... Post Code

(Your) Account Number: Sort Code: ___ - ___ - ___

Please pay to: The Friends of Woking Community Hospital

Lloyds Bank Account No: 18241668 Sort Code: 30-98-90

the sum of £..... on 1st February **2020** and a like amount on 1st February each year thereafter. This supersedes any existing Standing Order in favour of the Friends of Woking Community Hospital.

Signed Date

CONTACT BY E-MAIL OR TELEPHONE It is very helpful if FWCH can contact you by e-mail or, if there is a problem, by telephone. So far as you consent to this, please give the applicable details below:

e-mail address telephone number

Boost your subscription or other donation by 25p of Gift Aid for every £1 you donate.

FWCH will claim Gift Aid from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer.

GIFT AID DECLARATION I want to Gift Aid my subscription and any donations or subscriptions I make in the future or have made in the past 4 years to The Friends of Woking Community Hospital. I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations or subscriptions in that tax year it is my responsibility to pay any difference.

Title First Name or Initial(s)..... Surname.....

Address

..... Postcode

Signed..... Date

Please notify the Secretary of FWCH if you want to cancel this declaration, change your name or home address, or no longer pay sufficient tax on your income and/or capital gains.

DATA PROTECTION FWCH will hold and use your personal data in accordance with the Data Protection Act 2018 and with our data privacy policy which you can read at www.fwch.org.uk or on hard copy from the Secretary.