

**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 Bank, A/c No: 18241668 Sort Code: 30-98-90

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

Address .....

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

**Boost your 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 donation and any donations or subscriptions I make in the future or have made since 14 May 2018 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 in that tax year it is my responsibility to pay any difference.

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

Address (if not as above) .....

.....Postcode .....

Signed..... Date .....

*Please notify the Treasurer 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.*

**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 .....

**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](http://www.fwch.org.uk) or on hard copy from the Secretary

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