 League of Friends of Horsham Hospital

Registered Charity No: 269001

Membership Renewal Form

Payment of your Annual Subscription is now due for the year from 1st March 2024 to 28th February 2025. As previously, membership costs a minimum of £1 per annum but increases to this amount are most welcome and at your discretion. A Membership Card will be sent which is valid for one year.

|  |  |
| --- | --- |
| **First Member:** Mr/Mrs/Miss/Ms/Other |  |
|  |  |
| **First Name** ………………………… | **Surname**…………………………………………………  **Signed:** ………………………………………………… |
|  |  |
| **Second Member:**  Mr/Mrs/Miss/Ms/Other |  |
|  |  |
| **First Name** …………………………. | **Surname**………………………………………………  **Signed:** ……………………………………………… |
|  | |
| **Address** ……………………………………………………………………………………………………………………………………….. | |
|  | |
| **Post Code** ……………………………………. N.B. Please notify any change of address | |
|  | |
| **Telephone No:** ............................... **Email Address**……………………………………………………………………… | |
|  | |

\*I/We wish to pay the amount of ……………………………..by cash/cheque/ Bank transfer \*d*elete as required.*

\*I/We already pay the amount of £…………………………… by standing order or bank transfer and this renewal form confirms this. *\* delete as required*

If you wish to pay by bank transfer, please instruct your bank directly and ensure that you put your NAME as reference. **Account Name**: League of Friends of Horsham Hospital: Sort Code: 30-94-41: Account No.: 00225000

**Gift Aid** is, as always, an appreciated advantage and if you are a UK taxpayer then the League of Friends is able to reclaim a portion of the amount paid by you. Please tick the box below if you wish to contribute via Gift Aid monies donated forthwith. Under the Gift Aid scheme higher rate taxpayers are entitled to reclaim tax paid at the higher rate.

|  |  |
| --- | --- |
|  | I am a UK Taxpayer and wish to donate the fee of £………… for this year under the Gift Aid Scheme. I understand that if I pay less Income 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 |
|  | I am a UK Taxpayer and wish to donate all future fees under the Gift Aid Scheme until I notify otherwise |
|  | I have previously completed a Gift Aid Declaration and confirm that it continues to apply. |

Signed: .......................................(Member 1) Date: ……………………………… /See Over

Cont/

|  |  |
| --- | --- |
|  | I am a UK Taxpayer and wish to donate the fee of £………… for this year under the Gift Aid Scheme. I understand that if I pay less Income 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 |
|  | I am a UK Taxpayer and wish to donate all future fees under the Gift Aid Scheme until I notify otherwise |
|  | I have previously completed a Gift Aid Declaration and confirm that it continues to apply. |

Signed: .......................................(Member 2) Date: ……………………………………………

**General Data Protection Register Consent**

I consent to the League of Friends of Horsham communicating with me by the following methods: (Tick all relevant boxes)

**Member 1 Member 2**

Email

Post

Telephone

**Please return the form by post to The Membership Secretary, League of Friends of Horsham Hospital, Hurst Road, Horsham RH12 2DR or by hand to the Main Reception at Horsham Hospital. Your renewal is much appreciated.**