

# The Friends of the Yeatman Hospital

## Joining Form

Title and full name (*in capitals please*)

.....  
 Full address.....  
 .....  
 .....

Post code.....Phone.....

Email (optional, but useful) One character per box please


Please confirm Email:


	I wish to pay by Standing Order using the attached form the sum of £..... annually/quarterly/monthly
	I enclose an annual/one-off subscription of £5, £10, £20, other £ ..... (minimum £5 annual is suggested)
	I enclose Life Membership of £50, other £ ..... (minimum £50)
By ticking one of the above options you will be enrolled as a Friend of the Yeatman Hospital	

### *Gift aid declaration*

Please reclaim income tax on all donations I have made since 6<sup>th</sup> April 2000, and all donations I may make hereafter. I confirm that I am a UK taxpayer and understand that if I pay less Income Tax &/or Capital Gains Tax than the amount of gift Aid claimed on all my donations in that year it is my responsibility to pay any difference

Signature: .....

Date: .....

## Standing Order

To: The Manager

.....(Your Bank Name)

.....(Your Bank Address)

Please pay:

**HSBC Bank Plc.**

**1 Middle Street, Yeovil, BA20 1LR**

For the credit of:

**The Friends of the Yeatman Hospital**

Account Number: **81085298**

Sort Code: **40 - 41 - 23**

The sum of: £ .....

(in words).....

Commencing now [ ...../...../.....] and thereafter the same payment **annually / quarterly / monthly** (delete as appropriate) until further notice and debit my account accordingly:-

*Details of the account to be debited:*

Account name.....

Account number.....

Sort code: ..... - ..... - .....

Signature: .....

Date: .....

*Please send this completed Standing Order Mandate to*

**The Membership Secretary  
 The Friends of the Yeatman Hospital  
 Sherborne  
 Dorset DT9 3JU**

*Friends of the Yeatman Hospital*

*Registered under the Charities Act 1993. No. 1031326*