Friends of the Yeatman Hospital

Joining Form

Title and full name (*in capitals please*)

……

Full address……

……

……

……

Post code……Phone……

Email (vital for future communications)

	I wish to pay by Standing Order using the attached form the sum of £…… (annual minimum £10) annually/quarterly/monthly
	I enclose a one-off subscription of £10, £20, £30, other £ ..... (minimum £10)
	I enclose Life Membership of £100, other £ ……. (minimum £100)
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 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 and/or Capital Gains Tax than the amount of Gift Aid reclaimed on all my donations in that year it is my responsibility to pay any difference

Signature: .....

Date: .....

We do not disclose personal information to any third party. Please see the Privacy statement on our website www.friendsoftheyeatman.org.uk.

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
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