

Become a Friend of Aldeburgh and District Community Hospital (Charity no 247890)

Please complete this subscription form and, if you wish to pay by standing order, the standing order mandate and return to us at the Aldeburgh and District Community Hospital, Park Road, Aldeburgh, Suffolk IP15 1ES. We welcome donations of any amount - there is no minimum payment.

Amount of Annual Subscription £.....

Title: First Name:.....

Surname:.....

Address:.....

.....

.....

..... Postcode:.....

Telephone:..... Email:.....

I wish to pay by cheque.

I wish to pay by standing order and have completed the mandate below

We welcome payment by Gift Aid as it increases the amount we receive at no extra cost to the donor. If you are a taxpayer and wish to pay by Gift Aid please tick this box and sign the following declaration.

I want the League of Friends of Aldeburgh and District Community Hospital to treat all donations I make from the date of this declaration until I notify you otherwise as a Gift Aid Donations

Signature:.....Date:.....

STANDING ORDER MANDATE

To the Manager,

.....Bank plc

Address:.....

.....

.....

.....

Sort Code:/...../.....

Account No.....

Please pay The League of Friends of Aldeburgh and District Community Hospital at Barclays Bank Aldeburgh Sort Code 20-98-07; account number 60163120

The sum of £.....Commencing on ____/____/201__ and annually until further notice.

Signature(s).....

Date: ____/____/____