**THE LEAGUE OF FRIENDS OF THE**

**BEXHILL HOSPITAL CIO**

(Registered Charity No 207886)

Membership Application Form

You can go to our website [www.bexhillhospitalfriends.org.uk](http://www.bexhillhospitalfriends.org.uk) and then take the link

to Join/Donate and use Total Giving for one off or regular payments

Your can make cheque payable “League of Friends of Bexhill Hospital CIO” or

complete the bankers order below

Mr/ Mrs/ Miss …………………………………………………………………………

Address ………………………………………………………………………………………………….

…………………………………………….Postcode ………………. Tele No ……………………

Subscription of [ £5 ] [ £10 ] ( £ 15) or [ £20 ] £ ………….. (donations can be added)

Gift Aid – Yes / No

I confirm I have paid or will pay an amount of Income Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that I donate to will reclaim on my gifts for that tax year. I understand the charity will reclaim 25p of tax on every £1

Signed …………………………………….Date …………………..

Send to Mr C Ashford, “Sunbeams” 41 Broad Oak Lane, Bexhill-on-Sea TN39 4LG

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

BANKERS ORDER

To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bank Bank address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Post Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please pay the sum of £ \_\_\_\_\_\_\_\_\_

For the account of “The League of Friends of the Bexhill Hospital CIO”

at Barclays Bank PLC 17 Devonshire Road Bexhill on Sea TN40 1AW

Sort Code 20-27-94 Account No. 23101274

1. On receipt of this instruction **And then** B)Annually on the same date each year until you receive notice to cancel

Your Account Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please print)

Your bank Sort Code \_\_\_\_\_\_ - \_\_\_\_\_\_ - \_\_\_\_\_\_ Your Account No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_ 201\_\_\_\_

**THE LEAGUE OF FRIENDS OF THE**

**BEXHILL HOSPITAL CIO**

(Registered Charity No 207886)

Membership Application Form

You can go to our website [www.bexhillhospitalfriends.org.uk](http://www.bexhillhospitalfriends.org.uk) and then take the link

to Join/Donate and use Total Giving for one off or regular payments

Your can make cheque payable “League of Friends of Bexhill Hospital CIO” or

complete the bankers order below

Mr/ Mrs/ Miss …………………………………………………………………………

Address ………………………………………………………………………………………………….

…………………………………………….Postcode ………………. Tele No ……………………

Subscription of [ £5 ] [£ 10 ] ( £15 ]or [ £ 20 ] £ ………….. (donations can be added)

Gift Aid – Yes / No

I confirm I have paid or will pay an amount of Income Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that I donate to will reclaim on my gifts for that tax year. I understand the charity will reclaim 25p of tax on every £1

Signed …………………………………….Date …………………..

Send to Mr C Ashford, “Sunbeams” 41 Broad Oak Lane, Bexhill-on-Sea TN39 4LG

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

BANKERS ORDER

To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bank Bank address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Post Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please pay the sum of £ \_\_\_\_\_\_\_\_\_

For the account of “The League of Friends of the Bexhill Hospital CIO”

at Barclays Bank PLC 17 Devonshire Road Bexhill on Sea TN40 1AW

Sort Code 20-27-94 Account No. 23101274

1. On receipt of this instruction **And then** B)Annually on the same date each year until you receive notice to cancel

Your Account Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please print)

Your bank Sort Code \_\_\_\_\_\_ - \_\_\_\_\_\_ - \_\_\_\_\_\_ Your Account No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_ 201\_\_\_\_