

## The League of Friends of Axminster Hospital

To enrol as a Member of The League of Friends of Axminster Hospital please complete the Membership form below and send to:

The Treasurer, Axminster Hospital, Chard Road, Axminster, EX13 5DU

Name	
Address	
Post Code	Tel No
Email	
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## **Gift Aid Declaration Form**

Friends

Are you a taxpayer? If so every £1 you give could be worth £1.25 to us at no extra cost to you.



League of

Please reclaim the tax on this donation. I understand that I need to pay enough Income Tax or Capital Gains Tax in this tax year to cover the Gift Aid claimed on all my donations otherwise it is my responsibility to pay the difference.

Signature	
Date	
information and being transparent about wheyour information with anyone else without your information Regulations require us to obtain your include name, address, telephone number, eand health data where held and as appropria	ways been committed to protecting your personal nat information we hold about you. We will never share your consent and will keep them safe. General Data your consent to our holding your information. This main address (date of birth, emergency contact details ate to your activities within the League) to permit us to information to you. Please refer to the Data Privacy
Please tick all the boxes that apply. *Please delete as appropriate.	
*I/We are happy to hear from the Lea	gue of Friends by *post/telephone/email
*I /We are happy to receive newslette League of Friends	ers and other marketing information from the

\*I/We would like more information about ways in which \*I/ we can help the