AXMINSTER HOSPITAL
LEAGUE OF FRIENDS

To enroll 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	

Please complete the standing order mandate below

To the Manager _____ Bank plc

Please make the payments detailed below.

Please pay £_____ immediately then £_____monthly /annually* until further notice.

* Please delete

Branch	
Address	
Account Holder Name	
Sort Code	
Account Number	

Signature	
Date	

To be credited to The League of Friends of Axminster Hospital
Lloyds Bank Sort code: 30-92-93
Account number: 67344968

Please turn over.....

AXMINSTER HOSPITAL
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Gift Aid Declaration Form

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

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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	

Data Protection

Axminster Hospital League of friends has always been committed to protecting your personal information and being transparent about what information we hold about you. We will never share your information with anyone else without your consent and will keep them safe. General Data Protection Regulations require us to obtain your consent to our holding your information. This may include name, address, telephone number, email address (date of birth, emergency contact details and health data where held and as appropriate to your activities within the League) to permit us to continue contacting you or to send relevant information to you. Please refer to the Data Privacy Policy on our website.

Please tick all the boxes that apply.
*Please delete as appropriate.

☐ *I/We are happy to hear from the League of Friends by *post/telephone/email

☐ *I /We are happy to receive newsletters and other marketing information from the League of Friends

☐ *I/We would like more information about ways in which *I/ we can help the League of Friends