



**MEMBERSHIP FORM**

The Friends promote care within Stamford Hospital through: voluntary help within the hospital, fundraising to promote innovation in treatment, reinforcement of the role of the hospital in healthcare.

**SUBSCRIPTIONS**

To reduce administration, Standing Orders are preferred. At present the annual subscription per person is a minimum of £5.00 payable on the first of January.

**GIFT AID**

The Friends are able to claim 28p. for each £1.00 donated, provided the donor is a taxpayer. We can make such claims on your subscriptions if you complete the Gift Aid Declaration form. If you are already paying by Standing Order the Gift Aid form should be completed and returned separately.

Please return the completed form to Mrs.V Mitchell. Membership Secretary, 84 Tinwell Road, Stamford PE9 2SD

Name ..... Address .....

..... Postcode .....

E mail .....

Please indicate:  New Application  Renewal

Complete the Standing Order Form below, OR indicate the subscription enclosed. (Minimum £5.00 per person each year.) Please note: membership details are kept electronically.

Subscription £ .....

**STANDING ORDER MANDATE**

To (your bank address) .....

..... Account Name ..... Acc. No. ....

Please pay Lloyds TSB of Stamford (Sort code 30-98-02) For the credit of The Friends of Stamford Hospital a/c no. 00028556 the sum of £ ..... (Amount in words) .....

Date of first payment ..... / ..... / ..... and thereafter (Frequency) every ..... until further notice in writing, or until ..... and debit my account accordingly.

Signature(s) ..... Date ..... / ..... / .....