

Friends of Westminster Memorial Hospital

Joining Form

Title: (Mr/Mrs/Ms/Other)

Forename:

Surname:

Full address:

.....

.....

Post code:

Phone:

Mobile:

Email:

By providing your phone, mobile or email, you are consenting to receive calls and/ or emails from Friends of Westminster Memorial Hospital.

	I wish to pay by Standing Order using the attached form the sum of £ monthly (min 50p per month)
	I enclose Life Membership of (min £100) £250, £500, £1,000, other £
	I enclose a one-off subscription of (min £5) £25, £50, £100, other £
	By ticking one of the above options you will be enrolled as a Friend of the Westminster Memorial Hospital
	I do not wish to become a member, but enclose a one-off donation of £50, £100, £250, other £

GIFT AID DECLARATION FORM

Please reclaim income tax on all donations I have made since 6 April 2000, and all donations I may make hereafter. I confirm that I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of gift Aid reclaimed on all my donations in that year it is my responsibility to pay any difference

Signature:

Date:

We do not disclose personal information to any third party. Please see the Privacy statement on our website: www.friendsofwmh.org.uk

Standing Order

To: The Manager,
 (Your Bank Name)
 (Your Bank Address)

Please pay:
Lloyds Bank Plc., Victoria Branch,
 PO Box 1000, BX1 1LT

For the credit of:
Friends of Westminster Memorial Hospital
 Sort Code: **30-98-97** Account No.: **7674 7968**

The sum of: £ andp
 (in words)

Commencing one calendar month from:
 [..... / / 2020]
 and thereafter the same payment **monthly**
 until further notice and debit my account accordingly: -

Details of the account to be debited:
 Account name:
 Account number:
 Sort code: - -
 Signature:
 Date:

Please send this completed Standing Order Mandate to:

The Membership Secretary,
Friends of Westminster Memorial Hospital
Abbey Walk,
Shaftesbury,
Dorset SP7 8BD

*Friends of Westminster Memorial Hospital,
 a Registered Charity in England & Wales. No. 1184477*

Please indicate below how you would like to be involved in the work of The Friends

<p>Friend (no commitment)</p> <p>Supporting The Friends via your subscription is the best way to allow us to keep working for the future of WMH.</p>	
<p>Leaflet Distributor</p> <p>Deliver leaflets/letters to your street -no face-to-face contact required.</p>	
<p>Street Representative</p> <p>Act as a point of contact in your street and allow new members to drop-off joining forms through your letterbox.</p>	
<p>Street Collector</p> <p>Be involved in collecting annual subscriptions in your street.</p>	
<p>General Volunteer</p> <p>Involved in all aspects of The Friends; admin, flowers, marshalling, baking, helping at events, research etc.</p>	
<p>Ambassador</p> <p>Provide professional support or arrange high-value events or promote the spirit of The Friends or encourage donations/legacies.</p>	
<p>Sub-Committee (by appointment)</p> <p>Involved in aspects the running of the LoF .</p>	
<p>Trustee (by appointment)</p> <p>Bring your professional experience to the Friends in a specific role.</p>	

For office use only:

SO	LM	CA	CH	Received	/	/
SO	£	PCM	PA	Bank		

Joining form copied and copy filed – please tick to confirm	
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Date subscription paid in or SO sent	/	/
Receipt stapled to joining form – please tick to confirm		

News Letter	1 st /2 nd /BH	Thank you	@/1 st /2 nd /BH
Sent/given	/ /	Sent	/ /

Date added to XL:	/ /	NO:	Initial:
Date added to DB:	/ /	ID:	Initial: