



Please enrol me as a **Member**. I enclose the sum of/I have completed the Banker's Order form.

Annual Subscription	£	£10 (minimum)
Renewal of Annual Subscription	£	£10 (minimum)
Life Membership	£	£30 (minimum)
Donation	£ .....	

If you are a UK tax payer please complete the Gift Aid Declaration section below. The Friends can reclaim tax on your membership subscription and any donation.

Please do not feel under any obligation, but if you can help in any of the following ways please tick the appropriate box.

- Volunteer work in the DGH                       Delivering Hospitality
- Help with fund raising activities

Mr/Mrs/Miss/Ms .....

Address .....

..... Postcode .....

Telephone ..... Date .....

Email .....

Please return to    Hon Membership Secretary, Friends of the Eastbourne Hospital  
District General Hospital, Kings Drive, Eastbourne BN21 2UD

Tel 01323 438236

Data Protection Act 1998

Please note that the Charity uses computer systems to record membership information. Under the Data protection Act 1998, it is necessary for you to be informed of this. The information you provide on your application and renewal form will only be used by the Charity's officials and task holders to conduct Charity business and will not be supplied to outside bodies in any form. If you have any questions or concerns over the data held, please contact the Secretary.

**GIFT AID DECLARATION**

Boost your donation by 25p of Gift Aid for every £1 you donate

Gift Aid is reclaimed by the charity from the tax you pay for the current tax year. Your address is needed to identify you as a current UK tax payer.

Please complete the information below and return it to:

The FoEH, Friends Office, Eastbourne DGH, Kings Drive, Eastbourne BN21 2UD

I confirm that I would like all my donations, past, present and future to:  
FRIENDS OF EASTBOURNE HOSPITAL (Charity No: 220592) to be treated as Gift Aid donations.

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 claimed on all my donations in that tax year it is my responsibility to pay any difference.

**Donor's details**

Title ..... First name or initial(s) .....

Surname .....

Full home address .....

.....

Postcode .....

Date .....

Signature .....

**Please notify the charity or CASC if you:**

- Want to cancel this declaration
- Change your name or home address
- No longer pay sufficient tax on your income and/or capital gains.

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self -Assessment tax return or ask HM Revenue and Customs to adjust you tax code.