

Friends of Eastbourne Hospital 19th Autumn Art Exhibition - 25th to 27th October 2024 at St. Andrew's Prep. Meads, Eastbourne.

Please complete this entry form then send this form with your entry fee (see Terms and Conditions) to: Friends of Eastbourne Hospital, c/o Mrs A Caffyns, 98, Huggetts Lane, Eastbourne, East Sussex BN22 0LH **by Friday 6th September 2024**. Please retain one copy of this form for your reference. Any queries to the Friends Office on 01323 749503



**Friends of
Eastbourne
Hospital**

ADDRESS AND POST CODE	TELEPHONE NUMBER	ARTIST'S NAME	EMAIL ADDRESS			
	Framed Painting Title in CAPITALS please	Medium	Dimensions in inches including frame (height and width) Max 22" x 32" (559mm x 813mm)	Landscape or Portrait (L or P)	Price £ Minimum £40	Please note Hanging Fees
1						£5
2						£5
3						£5
4						£5
	Portfolio Title in CAPITALS please	Medium				
1						£2
2						£2
3						£2
4						£0 - 4 th FREE
			Total of Fees			£

Please note that by signing below you agree to all Terms and Conditions in the Entry Pack especially the request that framed/block paintings must have a taut (nylon) cord secured by screw eyes or D rings a 1/3rd distance from the top. I confirm my wish that 20% of any sale proceeds (raising money for the Eastbourne DGH including the new gamma camera) are to be treated as a gift to the Friends of Eastbourne Hospital (I authorise the Friends of Eastbourne Hospital to deduct this amount from the sale proceeds before paying the net balance over to me) and (if I am a taxpayer) I have signed the gift aid form overleaf.

If you can help with stewarding for a 2-hour shift please tick here

Signed Date.....



PLEASE HELP US AND GIFT AID IT

Gift Aid Declaration – for past, present and future donations

Name of Charity - *Friends of Eastbourne Hospital – Registered Charity No. 220592*

Please treat as Gift Aid all my donations, past, present and in the future.

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 (in full)Surname.....

Full home address.....

Post Code.....

Signature..... Date.....

Please notify the charity 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 you 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 your tax code.

General Data Protection Regulation

Please note that the charity uses computer systems to record information relating to membership and events. Any information you provide will be used solely for charity business; is held securely and is not supplied to any outside bodies in any form whatsoever. Financial information such as credit card details are destroyed immediately a transaction has been actioned. If you have questions or concerns over the data held, please contact our office.