

FRIENDS OF EASTBOURNE HOSPITAL 18th AUTUMN ART EXHIBITION – 27th OCTOBER to 29th OCTOBER 2023 at St Andrew’s Prep, Meads, Eastbourne

Please complete this entry form and then send in this form with your entry fee (see Terms and Conditions leaflet) to: **Friends of Eastbourne Hospital c/o Mrs A Caffyn, 98, Huggetts Lane, Eastbourne, East Sussex BN22 0LH by Friday 8th SEPTEMBER 2023.** Please retain one copy of this form for your reference. Any queries to Friends Office on 01323 749503.

Address		Artist’s Name				
Post Code		Email				
Telephone number:						
	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			Price £ Minimum £20	
1						£2
2						£2
3						£2
4						£0 – 4 th FREE
				TOTAL OF FEES £	£	

Please note that by signing below you agree to all the terms and conditions in Entry Pack especially the request that framed/block paintings must have a taut cord (nylon) secured by screw eyes or D rings at 1/3rd distance from the top. I confirm my wish that 20% of any sale proceeds 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.