



**FRIENDS OF WORTHING HOSPITALS – Registered under the Charities Act 1960 No. 208291**

Please enrol me as a member of the Friends.

I enclose the sum of:

Annual Subscription	£.....	(£5.00 minimum)
Renewal of Annual Subscription	£.....	(£5.00 minimum)
Donation	£.....	

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

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

Address .....

..... Postcode .....

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

Email Address .....

Please return to: Hon Secretary, Friends of Worthing Hospitals. c/o Worthing Hospital. Lyndhurst Road, Worthing, West Sussex, BN11 2DH.

**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 year. Your address is needed to identify you as a current UK taxpayer.

Please complete the information below and return it to Hon Secretary, Friends of Worthing Hospitals, c/o Worthing Hospital, Lyndhurst Road, Worthing, West Sussex, BN11 2DH.

I confirm that I would like all my donations, past, present, and future to THE FRIENDS OF WORTHING HOSPITALS (Charity Number 208291) 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 .....

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

Please notify the Charity if you want to cancel this declaration, change your name, or home address or if you 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 your tax code.

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