



Stroud Hospitals League of Friends

- I would like to become a member of Stroud Hospitals League of Friends.
- I would also like to become a volunteer helper at the hospitals.

Please tick boxes as appropriate

Full name:

Mr/Mrs/Miss

Address:

.....

.....

.....

Tel. Number:

E-mail:

I understand that there is no membership subscription but I would like to make a donation of £.....

I would like the charity to treat this donation of £..... and any further donations I may make, until I notify you otherwise, as Gift-aid donations. I confirm that I am a UK taxpayer paying Income Tax and/or Capital Gains Tax at least equal to the tax that the charity reclaims.

Signed

(Please delete the paragraph above if you are a non-tax payer).

This completed form - with any donation you wish to make - should be forwarded to the League's office at Stroud General Hospital, Trinity Rd, Stroud GL5 2HY. If you would like to set up a Standing Order to make regular monthly or annual donations, please ask your bank for the appropriate form.