



PRESIDENT: LADY MILLS

PATRON: THE VISCOUNTESS DE L'ISLE

Website: www.friendsoftwhospital.org.uk

Tunbridge Wells Hospital Tonbridge Road Pembury Tunbridge Wells Kent TN2 4QJ

HOW YOU CAN SUPPORT US - BECOME A MEMBER

GIFT AID DECLARATION

Please complete this form clearly in block capitals and return to:

The Hon Treasurer, The League of Friends, Tunbridge Wells Hospital, Tonbridge Road, Pembury, Kent, TN2 4QJ

Name: _____

Address: _____

_____ Postcode: _____

Email address: _____

I wish to be a life member of The League of Friends of Tunbridge Wells Hospital. I enclose the sum of £25 for membership and/or £ _____ donation.

Please make cheques payable to LOFTWH

Please tick box to Gift Aid

I confirm that I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April – 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify.

Signature: _____

Date: _____