

The League of Friends of Teddington Memorial Hospital
Charity Registration Number 1130645
Company Registration Number 06956467



MEMBERSHIP FORM

I/We the undersigned consent to become a member of The League of Friends of Teddington Memorial Hospital and agree that, in the event of the winding up of the charitable company limited by guarantee and there being insufficient funds to meet all outstanding liabilities, I/we guarantee to contribute £1 each to help satisfy said liabilities. (£1 is the maximum liability you have as a member).

I/we enclose my/our voluntary subscription (a minimum of £5.00 per person for an annual subscription, with rates for other types of subscription shown below). A receipt will not normally be issued, but if you require one please tick .

Name _____

Address _____

_____ Post Code _____

Telephone _____ Email _____

Signature _____ Date _____

Please make your cheque payable to **“The League of Friends of Teddington Memorial Hospital”** and send with your completed form to the address below.

If you would like to pay your annual subscription by Standing Order please tick and we will send you the necessary form to complete.

Other membership subscription rates: Individual Life Membership £95, Couple Life Membership £145, Annual/Group/Corporate Membership £20.

If you are a UK taxpayer and wish us to augment your subscription by allowing us to reclaim tax please complete the Gift Aid Declaration below:

GIFT AID DECLARATION

Name of Donor (Mr, Mrs, Miss, Ms) _____

Address _____

_____ Post Code _____

I wish The League of Friends of Teddington Memorial Hospital to reclaim tax on any donations or membership subscriptions I have made today, in the past four years or in the future.

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 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 the charity will reclaim 25p of tax on every £1 that I gave/give on or after 6th April 2009. **Please notify the charity if you want to cancel this declaration, change your name or home address, or no longer pay sufficient tax on your income and/or capital gains.**

Signed _____ Date _____

PLEASE COMPLETE THIS FORM AND SEND TO:

FREEPOST RTKJ-GCHT-HZJG, The Membership Secretary, The League of Friends, Teddington Memorial Hospital, Hampton Road, Teddington, Middlesex, TW11 0JL.

Note: If you pay UK 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 your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

The League of Friends Website: www.friends-tmh.org.uk.

Membership Email Address: membership@friends-tmh.org.uk