



Charity no: 1094882

Fordingbridge Surgery
Bartons Road
Fordingbridge
Hampshire
SP6 1RS

FRIENDS OF FORDINGBRIDGE SURGERY MEMBERSHIP APPLICATION FORM

Please complete and return to Surgery Receptionist

Name: _____

Address: _____

Post Code: _____

Email address: _____

Telephone _____ Mobile _____

I enclose a donation of £_____

Please make all cheques payable to The Friends of Fordingbridge Surgery and send to the above address for the attention of the Treasurer, Friends of Fordingbridge Surgery or you may pay when visiting the surgery. You can also pay by standing order:

If your contribution can be gift-aided, please complete the details attached.

Patron: Murray Walker OBE **Chairman:** Ian N Newman **Hon Secretary:** Mrs Kelly Doris

Charity Gift Aid Declaration

The Charity can claim 25p of Gift aid for every £1 you donate.

Please treat as a gift aid donation all qualifying gifts of money I have made in the last 4 years , today , in the future

Please tick all that apply.

NB: I am a UK tax payer and understand that if I pay less income tax and/or Capital Gains Tax in the current tax year than the amount of Gift Aid Claimed on all my donations to charities, it is my responsibility to pay any difference.

Please notify the Secretary if you no longer pay sufficient tax on your Income and/or Capital Gains.

Name of Tax payer: _____

Address: as on the membership form overleaf or if not a member, please provide your address:

Address: _____

Signed: _____

Date: _____

Patron: Murray Walker OBE **Chairman:** Ian N Newman **Hon Secretary:** Mrs Kelly Doris