



Friends of Caterham Dene Hospital

Membership Form

To become a member of FRIENDS OF CATERHAM DENE HOSPITAL, please fill in this form and send to: Membership Secretary, Friends of Caterham Dene Hospital, Caterham Dene Hospital, Church Road, Caterham CR3 5RA or email to friends@focdh.org.uk

Please complete all information and sign at the bottom of the page

Title: Mr Mrs Miss Ms Other (please specify) Address:
First name:
Surname:
*Email address: Post Code:.....
*Telephone: **These fields are essential*

Tax Recovery Declaration - Gift Aid

Boost your donation by 25p of Gift Aid for every £1 you donate

☐ Please tick the box if you would like us, FRIENDS OF CATERHAM DENE HOSPITAL to reclaim the tax paid on your donation and any previous or future donations. You must be a UK tax payer and understand that if you pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on your donations in the tax year, it is your responsibility to pay any difference.

Standing Order Mandate

This mandate supersedes any previous mandate to this charity

To the Manager of: (your bank name)
Address of bank: Sort Code:
..... Account Number:
..... Account Name:
Post Code:

Please pay £..... (minimum £10.00) immediately and annually until further notice to:
Barclays Bank Ltd • Sort code: 20-22-67 • Account no. 40907529 • Account name: Friends of Caterham Dene Hospital.

Signed: Print name: Date:



Please notify us if any of the above details change