



THE FRIENDS OF BLANDFORD COMMUNITY HOSPITAL

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MEMBERSHIP SUBSCRIPTION RENEWAL

Title _____ Forename (s) _____ Surname _____

Address _____

_____ Postcode _____

I enclose my/our subscription for the year to 31 March 2009 of £_____ (minimum £1.00)
Cheques payable to The Friends of Blandford Community Hospital.

PLEASE NOTE IF YOU ALREADY PAY YOUR MEMBERSHIP SUBSCRIPTION BY BANK STANDING ORDER THERE IS NO NEED FOR YOU TO COMPLETE THIS FORM OR TO SUBMIT ANOTHER PAYMENT

If you are a UK taxpayer this and all future contributions can be treated under the Gift Aid scheme and tax recovered by the Friends without any further cost to you. In this case please sign and date here.

Signature _____ Date _____

Our administration costs are reduced if you pay by Bank standing order. If you are willing to subscribe by this method please complete the section below which we will forward to your bank.

To: _____ Bank

Branch Address: _____

Sort Code: _____ Account No. _____

I/We hereby authorise you to pay the sum of £_____ (amount in figures)

(amount in words) _____ on _____ (date)

and annually/monthly (delete as appropriate) on the same day and month until further notice to The National Westminster Bank PLC, 25 Market Place, Blandford Forum, Dorset, DT11 7AQ.
(Sort Code 51-81-01)for the credit of The Friends of Blandford Community Hospital A/c No.04305337.

Signature _____ Date _____