

Please print out this form and when completed, send it to:

MR STANLEY ROBERT CHISHAM LUTH
SALTAIRE
CASTLE CLOSE
MILFORD ON SEA
LYMINGTON
HAMPSHIRE
SO41 0QB

If you would like to make a donation, make cheques payable to:

League of Hospital and Community Friends (Milford-on-Sea)

Thank you.



APPLICATION FOR MEMBERSHIP

The information given on this form will not be disclosed to any other company or organisation without prior consent.

*By agreeing that any donations you may make can be treated as **Gift Aid** enables the charity to claim an additional 28p in the £1 from the Inland Revenue.*

Gift Aid transforms a donation of £10 into £12.80 – at no extra cost to yourself.

League of Hospital and Community Friends

Friends of Milford Hospital

MILFORD-ON-SEA WAR MEMORIAL HOSPITAL

Name of Applicant

Address of Applicant

Post Code

Telephone No.

I hereby apply to become a member of the League of Hospital and Community Friends (Milford-on-Sea)

Signed

Date

Please treat any donation I make from this date as Gift Aid, until I notify differently. To qualify for Gift Aid the amount of income tax you pay must at least equal the total amount claimed back in the same tax year.

I would like more information about becoming a volunteer

YES NO Please tick

I enclose a donation of:

