

Friends Application Form

Name

Address

Email Tel No

I wish to become a Friend of The Hospital at Rye

I wish to make a donation to the Friends of The Hospital at Rye

I enclose a cheque made payable to **Rye, Winchelsea & District Memorial Hospital Ltd**

Annual Subscription (minimum £5) £

Donation £

Life Membership (£50) £

I wish to pay my Life Membership/Donation by Online Bank Transfer to

Rye, Winchelsea & District Memorial Hospital bank account details as below (I have notified my bank)

I wish to pay Annual Membership by Standing Order:

To the Manager at (Bank name)

Account name

Account no Sort Code

Please credit **Rye, Winchelsea & District Memorial Hospital Ltd**

HSBC Account no: 31052225 Sort Code: 40-39-18

The sum of £ £ (in words)

Monthly Annually

Starting Date

(please leave at least one month between sending us this form and your first payment)

Please gift aid this and subsequent donations (UK taxpayers only)

Signature Date

Charity No: 1014232

Please send this form to The Friends of The Hospital at Rye,
Peasmarsh Road, Rye Foreign, Rye, East Sussex TN31 7UD