

**DONATION**



**FRIENDS OF  
WARMINSTER  
HOSPITAL**

To help the environment by reducing paper & fuel; aid the administration of the FOWH; and reduce costs to the FOWH, we request that, when we can, we contact you by email:

My/our **email address:** .....

- I/We agree to the Friends of Warminster Hospital (FOWH) contacting me/us by email with details of FOWH activities such as FOWH AGM & events and developments at FOWH. Your email address will not be passed to Third Parties.

To: **Friends of Warminster Hospital, c/o Warminster Community Hospital, The Avenue, Warminster, Wiltshire BA12 8QS**

I wish to support FOWH as indicated (please tick the appropriate circle):

- £10                       £25
- £50                       £100
- I wish to make a Donation of £ .....

To make **regular** donations, either on a monthly, quarterly, half yearly or annually, please complete the **Standing Order** below.

I wish to pay by:

- By **cheque** payable to: Friends of Warminster Hospital (*please enclose the cheque with this form*)
- By **Bank Transfer** ie one-off payment (*complete below*)
- By **Standing Order** for regular, repeat payments (*complete below*)

**Charitable Giving Declaration**

*giftaid*

*Gift Aid increases the value of your charity donations by 25%, because the charity, such as FOWH, can reclaim the basic rate of tax on your donation – at no extra cost to you.*

This declaration confirms my wish to make (a) donation(s) to the Friends of Warminster Hospital (Charity No. 207384) under the Gift Aid Scheme and applies to all donations made by me from 6 April 2020. I understand that I must pay, or have paid, an amount of Income tax or Capital Gains Tax in the relevant year equal to any tax reclaimed by the Friends of Warminster Hospital in the period. I confirm that I am a UK taxpayer, resident in the UK for tax purposes and that I will advise the Friends of Warminster Hospital if this situation changes.

- I wish the Friends of Warminster Hospital to reclaim tax on my Payment(s) based on this Charitable Giving Declaration

Surname ..... (Mr, Mrs, other) .....

Forename(s) .....

Address .....

Post code ..... Tel No.: .....

**Signature** .....

✂ .....

**Banker's Order**

Please complete the name and branch details of your Bank in full and **either** detach this part of the Form and give/post it to your bank **or** leave it attached to the Form and we will get it to your bank:

To your Bank ..... Bank **Sort** Code .....

Bank Address ..... Post Code .....

please pay by **Bank Transfer** the sum of £ ..... (ie one-off payment) **OR**

please pay by **Standing Order** the sum of £ ..... on the ..... of ..... 20 .....  
day month year

and thereafter make the same payment on the same day, until further notice:

Monthly / Quarterly / Half Yearly / Annually (please **circle** the appropriate option & **delete** the other three)

to the credit of:

**Friends of Warminster Hospital** (Lloyds Bank - Account No: 00279446, Sort Code: 30-99-13)  
Warminster Branch, Market Place, Warminster, PO Box 1000, BX1 1LT

**Signature** ..... **Account Number:** .....

Name (in CAPITALS) .....

Your Address .....

..... Post Code ..... Date .....