Friends of Moorfields Eye Hospital

# MEMBERSHIP FORM

## PERSONAL DETAILS

Name: _____

Address: _____

_____ Post code: _____

Telephone: _____ Mobile: _____

E-Mail: _____

☐ We maintain a database of our supporters for regular quarterly newsletters, etc. If you **do not wish to be included** please tick this box.

## Let us know your donation amount:

I am making a donation to Friends of Moorfields for £ _____ comprising:

☐ £10.00 Subscription for one year's membership of the Friends.

☐ An additional donation of £ _____

## Choose your payment method and details:

☐ I have set up payment myself and will provide details by email

☐ I would like to donate by Banker's Order and have completed the form on the following page. I will return this form by post.

☐ I am enclosing a cheque and will return this form by post.

☐ I am a UK tax payer and have completed the Gift Aid form.

☐ Please send me details on how I can remember the Friends in my will.

Friends of Moorfields Eye Hospital

## BANKER'S ORDER

When completed, please return this form to: **The Administrator, Friends of Moorfields, Moorfields Eye Hospital, 162 City Road, London EC1V 2PD**

Name of Your Bank: .....

Your Bank's Address: .....

.....

Post Code: .....

Sort Code: ☐☐-☐☐-☐☐ Account No. ☐☐☐☐☐☐☐☐☐☐

**FOR BANK USE ONLY**: Please pay to the account of **The Friends of Moorfields** (REGISTERED CHARITY NUMBER 1161546) at **Barclays Bank PLC, 155 Bishopsgate, London EC2M 3XA**

Sort code **20 – 77 – 75** Account number 50360910

Payment Reference: _____

The sum of **£**..... (in words: .....)

Date of First Payment .....and then

Annually / Quarterly / Monthly (please delete as appropriate) until further notice

Your signature .....Date: .....

Your Name .....

Address .....

.....

..... Post Code .....

**THIS REPLACES ANY EXISTING BANKER'S ORDER IN FAVOUR OF THE FRIENDS OF MOORFIELDS**

Friends of Moorfields Eye Hospital

# *GIFT AID DECLARATION*

giftaid it

Please treat as Gift Aid donations all qualifying gifts of money made

☐ today ☐ in the past 4 years ☐ in the future

**Please tick all boxes you wish to apply.**

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 28p of tax on every £1 that I gave up to 5 April 2008 and will reclaim 25p of tax on every £1 that I give on or after 6 April 2008.

## Donor Details: (BLOCK LETTERS PLEASE)

Title: ..... First Name/initials: .....

Last Name .....

Address .....

..... Post Code .....

Signed ..... Date .....

### *Please notify the charity or CASC if you:*

- *Want to cancel this declaration*
- *Change your name or home address*
- *No longer pay sufficient tax on your income and/or capital gains.*
- *If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.*

The Friends of Moorfields Eye Hospital, 162 City Road, London EC1V 2PD. Tel: 020 7251 1240
www.friendsofmoorfields.org.uk moorfields.friends@nhs.net Regd. Charity No 1161546