

Membership Form

Name (Mr/Miss/Mrs)

Address

.....

.....

PostcodeTel no.....

Email

Please tick relevant boxes

I wish to become a member of 'The League of Friends of Salisbury Hospital'.
The minimum contribution is £10 per year OR £1 per month. A standing
order form will be sent to you to complete and forward to your bank.

I enclose an additional donation of £ To the 'League of Friends
of Salisbury Hospital'

Gift aid – Add 25% (at no extra cost to you) by ticking the box and signing
below. To qualify you must pay an amount of income tax and/or capital gains
tax equal to or greater than the amount the League of Friends will reclaim.

Signature Date

Voluntary Help

I would like to know more about volunteering in the League of Friends shop.
Please contact me by email/telephone (**delete as necessary**).

Please return this form to:

Susan Long
Membership Secretary
c/o Finance Department
Salisbury District Hospital
Salisbury
SP2 8BJ

Tel. 01722 336262 ext.2025