

## Friends Application Form

 Area Code

Please return to:

Mrs C Nickinson. Weldmar Hospicecare Trust  
Joseph Weld Hospice, Herringston Road  
Dorchester, Dorset DT1 2SL Tel: 01305 215315

Name (Mr, Mrs, Miss, Title)

Address

Postcode

Tel No

Email

I/We would like to become a Friend by donating by Banker's Order and enclose the completed form

I/We would like to become Friend(s) and enclose a donation of £

I am a tax payer and have completed the Gift Aid Declaration Form in order that the charity may reclaim tax on this donation  
(in the name of one tax payer only)

### Data Protection Act 1998 and your choices

please complete

Your details are held on our secure server and will not be shared or sold to any other organisation.

The Trust's Fundraising Office would like to keep you informed from time to time about our services and special events through our twice yearly newsletter and other mailings.

Yes, I would like to receive this information

No, I would prefer not to receive this information

The Chairman of the Friends and the Local Friends Committees would like to hold your contact details (name, address and telephone number only) to enable them to keep you informed of tours, events and other activities in your local area.

Yes, I am happy for them to have my details

No, I do not wish them to have my details

Registered Charity No 1000414

## Gift Aid Declaration Form

For use only by a donor paying an amount of Income Tax or Capital Gains Tax equal to the tax deducted on this donation

Surname  Title (Mr, Mrs, Miss, Title)

Forename(s)

Address

Postcode

Please treat this donation and all donations I may make in the future to **Weldmar Hospicecare Trust** (Registered Charity No 1000414) as **Gift Aid**, unless I notify you otherwise

I wish the charity to reclaim tax on my donations

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please remember to notify us if you no longer pay an amount of Income Tax or Capital Gains Tax equal to the tax we reclaim on your donations (**28p for every £1 you give**) or if you change your name or address

## Banker's Order

please return this still attached to the above Declaration to the Hospice

To the Manager (Branch title and address)

Postcode

Please pay to National Westminster Bank plc (60-07-01) 49 South Street, Dorchester, Dorset, for the credit of the **Weldmar Hospicecare Trust** (A/C No. 04634071)

the sum of (Amount in words)

pounds (Amount in figures) £  on (Date of first payment)

and thereafter on the same day each year for a total of  years\* until further notice\* (\* delete as appropriate)

Please debit the following Account Number

Name (Block capitals)

Signed \_\_\_\_\_ Date \_\_\_\_\_