

**Become a member of The League of Friends For St Leonard's Hospital.
In addition, help to boost your local health services**

MEMBERSHIP APPLICATION FORM.

I wish to become a member of **The League of Friends For St Leonard's Hospital.**

Full Name:

Address:

Telephone Number:

- I enclose the sum of £ 00.00, being my annual subscription
- I wish to make a donation and enclose £.....
- I wish to make a regular subscription payment by Standing Order
- I wish my subscription to be treated as Gift Aid. - I am a current Tax Payer
- I wish to leave a legacy to The League of Friends For St Leonard's Hospital

Signature: Date:

Please make cheques payable to **St Leonard's Hospital League of Friends** and forward it, together with this completed form to: Mrs. Gill Smith, Membership Secretary, to The League of Friends for St Leonard's Hospital. C/O St Leonard's Community Hospital, 241 Ringwood Road, St Leonard's, Dorset, BH24 2RR

STANDING ORDER INSTRUCTION

Please fill in the whole form and return with your application form

1. Name and full postal address of your bank or building society branch

To the Manager
Bank or Building Society name: _____

Address: _____

_____ Postcode _____

2. Name(s) of account holder (s) 3. Bank or Building Society sort code and account number

Instruction to your Bank or Building Society:

Please make an annual payment from my current account to **St Leonard's Hospital League of Friends**, Account number **0221990** sort code **30-97-08**, Lloyds / TSB Bank, 24 High Street Ringwood Hampshire, BH24 1BH

My regular annual Payments of £ are to be paid until further notice

Commencing on and annually thereafter.

Signature(s) Date:

The League of Friends for St Leonards Hospital

Registered Charity Number: 270472

**The League of Friends for St Leonards Hospital, C/O St Leonards Community Hospital,
241 Ringwood Road, St Leonards, Dorset, BH24 2RR**