

# Membership Form:

Please print out this form, complete the appropriate boxes and return to:

*The Membership Secretary, Hospital and Community Friends,  
c/o General Office, Harrogate District Hospital,  
Lancaster Park Road, Harrogate, HG2 7SX*

## **Please enrol me as a member**

I enclose my annual subscription.

(Minimum £4 Single / £6 Family)

Cheques payable to Harrogate Hospital & Community Friends

**I enclose a donation of £ \_\_\_\_\_ to support the work.**

*Please tick this box if you pay Income or Capital Gains Tax. We could then reclaim the tax you have paid under the Gift Aid rules at no extra cost or inconvenience to you.*

*Please send me a standing order mandate.*

*My company is interested in becoming a Corporate Member. Please contact me.*

*Please send me details of how I can create a legacy to enable this work to continue in the years ahead.*

*Members receive newsletters with details of forthcoming events and reports for the AGM in March.*

## **Please indicate if you would be willing to help us:**

Organising or helping at a fundraising event;

Using your personal expertise.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Registered Charity No: 252376**