

# MEMBERSHIP/DONATION FORM

Almost everyone attending hospital has been helped by the League of Friends of the Royal Berkshire Hospital.

## Will you help us?

To: Treasurer, League of Friends, Royal Berkshire Hospital, London Rd, Reading RG1 5AN. Please enrol me as a member of the League of Friends of the Royal Berkshire Hospital.

I have pleasure in enclosing the sum of £..... as my annual subscription (£3 minimum). AND/OR I enclose my donation of £.....

Mr, Mrs or Miss (BLOCK CAPITALS PLEASE)

Name:.....

Address:.....

.....

..... Post Code:.....

This declaration is to cover all donations that I have made since 6<sup>th</sup> April 2000 and all donations that I make thereafter (only complete this if you are a taxpayer).

Tick here if you want us to reclaim tax on your donations. { }

Signed:..... Date:.....

## CHEQUES AND POSTAL ORDERS SHOULD BE MADE PAYABLE TO:

**"League of Friends of the Royal Berkshire Hospital"**

**STANDING ORDER – FOR THE ACCOUNT OF League of Friends of the Royal Berkshire Hospital. Account number 90914169 Sort Code 20 22 67**

### **BANKERS ORDER**

To:..... A/C No:.....

(Name and Address of the Bank) .....

Please pay Barclays Bank, 9 High St, Colchester for the Account of the League of Friends of the Royal Berkshire Hospital

The sum of £ .....(amount in figures) .....

On.....20.....and thereafter on the same day each year until otherwise notified.

Signature(s):.....

Name:..... (Mr / Mrs / Miss)

Address:.....

.....

Date:.....

*Please ensure that all parts of the forms are completed and any alterations are initialled.*

# Gift Aid Donations

## Our League can now reclaim Tax on donations

---

From 6<sup>th</sup> April 2000 the existing minimum limit of £250 for Gift Aid donations has been abolished. Tax on any future donations, whether large or small, regular or one – off may be reclaimed by the League of Friends of the Royal Berkshire Hospital with the new Gift Aid regulations.

In order to qualify, all new donations must be covered by a Gift Aid Declaration, which the donor must sign, date, and state their full name and address including postcode.

The donor must have paid an amount of Income Tax or Capital Gains Tax whether at the basic rate of tax or at the other rate equal to the tax deducted from their donation.

Should a donor pay tax at a rate higher than the basic rate, then tax relief may be claimed on all the donations made.

Payments under a Deed of Covenant will be dealt with under the new Gift Aid Scheme. Claims are to be included on one type of schedule for all donations. Further information may be obtained from:

FICO (Charity Repayments)  
St. John's House, Merton Road, Bootle  
Merseyside L69 9BB  
Tel: 0151 472 6038/6055/6056  
Forms orderline:  
Tel: 0151 472 6293/6294

---

## GIFT AID DECLARATION

Full Name (in CAPITALS):.....

Full Address:.....

.....  
This declaration is to cover all donations that I have made since 6 April 2000 and all donations that I make hereafter.

I want the stated charity (ie League of Friends of the Royal Berkshire Hospital registered Charity Number: 249956) to reclaim tax on all my donations.

Remember to notify the League of Friends if you no longer pay an amount of Income Tax or Capital Gains tax that we reclaim on your donations.