

Donation/Enrolment

To the secretary, Honiton Hospital & Community League of Friends, Marl pits Lane, Honiton, Ex14 2DE

Name _____

Address _____

Phone Number _____

Email _____

Please tick all that apply

- Enrol me as a member (suggested donation £5)
- I enclose a donation of _____
- I would like to gift aid this donation
- I would like to gift aid all future donations until further notice
- Please send me a bankers order form as I would like to make a regular donation.

Donors Signature _____

Donor's Postcode _____

Date _____

Cheques payable to Honiton Hospital & Community League of Friends

General Privacy Notice

We are fully committed to protecting your privacy, in accordance with the General Data Protection Regulations (GDPR). We will keep your information securely for our own records but will not share them with any other organisation without your explicit permission. Our full policy statement is available on request.