



**Friends of the Edenbridge Memorial Health Centre  
EMHC, Four Elms Road, Edenbridge, Kent TN8 6FY  
Registered Charity No 231789**

**MEMBERSHIP SUBSCRIPTION FORM**

**MEMBER'S DETAILS**

**First name**

Mr/Mrs/Ms or initials Surname

**Address**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone**

**Email**

I wish to receive

The Friends of EMHC newsletter by email

The Friends of EMHC newsletter by post

I no longer wish to receive the Friends of EMHC newsletter

*Please tick box as necessary*

**Subscription**  £5  £10  £20  £50  Other £ \_\_\_\_\_

**ONLINE to Lloyds Bank Sort Code:30-92-92, Acct No: 01240742  or Cheque enclosed**

*Please make payments in the name of: FRIENDS OF THE EDENBRIDGE MEMORIAL HEALTH CENTRE*

**Standing Order already in place**  £ \_\_\_\_\_

**CHARITY GIFT AID DECLARATION**

In order to Gift Aid your donation you must tick the appropriate box below:

**I want to Gift Aid my donation of £ \_\_\_\_\_ to:**

**OR**

**I want to Gift Aid my donation of £ \_\_\_\_\_ and any donations I make in the future or have made in the past 4 years to:**

**FRIENDS OF THE EDENBRIDGE MEMORIAL HEALTH CENTRE**

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax in the current tax year than the amount of Gift Aid claimed on all my donations it is my responsibility to pay any difference.

**Title** \_\_\_\_\_ **Initial or First Name** \_\_\_\_\_ **Surname** \_\_\_\_\_

**Address (if different to above)** \_\_\_\_\_

**Postcode** \_\_\_\_\_ **Date** \_\_\_\_\_

Please notify us if you:

- want to cancel this declaration
- change your name or home address
- no longer pay sufficient tax on your income and/or capital gains

*If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must list all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax due.*

Many thanks to all our members who renewed their subscription last year.

We are dependent on the regular income we receive from our members to support the Day Centre and other services offered by EMHC, as well as health initiatives in the community. We have several hundred registered members with subscriptions and donations last year totaling more than £5,000. The Committee works in a voluntary capacity and you can be assured that your money is directly contributing to the level of health care in the community.

**To renew your membership please complete the details overleaf and return to us with your subscription.** Forms can be emailed, posted or left with Reception at EMHC. Any query please call or email our Treasurer on: 07850 689 401 / [membership@ehlof.org.uk](mailto:membership@ehlof.org.uk)

**If you are a UK income tax payer you can boost your donation by 25p of Gift Aid for every £1 you donate. Gift Aid is reclaimed by our charity from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer, all you have to do is complete the section for Gift Aid overleaf.**

There are several ways to pay your membership subs.

- **Standing Order:** We invite all members to donate by standing order, which can be set up / amended:
  - **Online** by logging into your bank account
  - By filling in the attached **Standing Order form**, mailing it to your bank, or dropping it in at a bank branch.
  - If you wish to amend / cancel an existing standing order donation, this too can be done online, or by writing to your bank
- **Single payment**
  - **Online**
  - **Cheque**, payable to Friends of the Edenbridge Memorial Health Centre. Forms with cheques enclosed can be posted to: Friends of the Edenbridge Memorial Health Centre, EMHC, Four Elms Road, Edenbridge, Kent TN8 6FY, or left with Reception at EMHC
  - **Cash** – in an envelope clearly marked Friends of the Edenbridge Memorial Health Centre, including a completed subs form, left with Reception at EMHC. Please do not send cash through the post

Thank you for your continuing support.

Name of your Bank

Address of your Bank

*Postcode-----*

Please pay to:

Account: **Friends of the Edenbridge Memorial Health Centre**

Bank: **Lloyds Bank plc**, Sort Code: **30-92-92**, Account No: **01240742**

The sum of £ \_\_\_\_\_ each **month / quarter / year\*** until further notice. (\**Please delete as necessary*)

Starting on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (*Please choose a date at least one month hence*)

Name of Account to be debited:

Sort Code: \_\_\_\_\_ Account Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

This cancels all existing banker's orders payable to the charity **YES/NO\***