

DONATION FORM



Friends of Bristol Eye Hospital

Surname			
Forename(s)		Title	

Donations	Please make cheques payable to Friends of Bristol Eye Hospital	please tick
I enclose a donation of	£	
I enclose a Bankers Order form.		

Membership	please tick one
I apply to become a Life Member. I am paying (or have already paid) a donation of at least £50.	
I apply to become a Member. I enclose a Bankers Order form or an initial donation of at least £5.	
I do not wish to become a Member.	

If you wish to receive communication by post or make a Gift Aid declaration, please state your address.	
Address	
	Postcode

We save costs if you allow us to contact you by email. If you agree, please give us your email address.	
email	

Having your telephone number is helpful if we need to resolve a query or to thank you. If you don't mind us calling, please give your number(s). We NEVER solicit donations on the telephone.	
Home	Mobile

I would like to receive	please tick YES or NO	YES	NO
Annual Newsletter <i>In Sight</i>			
Notice of our AGM (anyone may attend our AGM but only Members can vote)			
Notices of social or fund-raising events			
Thanks/acknowledgments of any donations I make			

Please send me	please tick one only
All communication by post	
All communication by email	
<i>In Sight</i> by post. All other communication by email	

If you wish, you may tell us briefly why you are making a donation or becoming a Member. Many donors are grateful patients and any feedback can be particularly rewarding to hospital staff.

Reasons for donating or becoming a Member (optional)

We like to thank our donors in *In Sight* or on our website. Please indicate whether we can publish your name and/or reasons for your donation. Please tick one box only.

Consent to publish in <i>In Sight</i> or our website	NO	Name only (no reasons)	Reasons only (no name)	Name with reasons

Boost your donation by Gift Aid (currently 25p on every £1 you donate)

I am a UK taxpayer and want **Friends of Bristol Eye Hospital** to claim Gift Aid on this donation, any donations I have made in the past four years and any I make in the future. I understand that, if I pay less Income Tax and/or Capital Gains Tax (in total) than the total Gift Aid claimed on all my donations to all charities in that tax year, I am responsible for paying any difference.

please tick

Please notify us if you change your name or home address, no longer pay sufficient tax on your income and/or capital gains or want to cancel your Gift Aid declaration.

If you pay Income Tax at the higher or additional rate then to receive additional tax relief due, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HMRC to adjust your tax code.

Signature	Date

Data Privacy

Under the General Data Protection Regulation, **Friends of Bristol Eye Hospital** will use the information you provide to communicate with you in the manner authorised by you, to claim Gift Aid from HMRC or in any way so required by law. It will not be used for any other purposes. We will not share your data with the NHS or Bristol Eye Hospital or any other third party (except HMRC) under any other circumstances. We do not have access to any personal data held by the NHS or Bristol Eye Hospital.

You are entitled to ask us at any time what data we hold for you and/or to ask us to amend or delete it.

We will cease communication with you and/or remove your data from our records within one month of receiving a written request from you.

To view our full privacy policy please visit www.fbeh.org.

Please return this form by hand or post to:
Friends of Bristol Eye Hospital,
Lower Maudlin Street,
Bristol, BS1 2LX

Or by email to: secretary@fbeh.org
Registered charity number 274349
www.fbeh.org

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