



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
Life Member: I am paying, or have paid, a donation of at least £50.	
Annual Member: I am starting a regular donation of at least £5.	
I do not wish to become a Member.	

We need your address if you make a Gift Aid declaration or want us to contact you by post.									
Address									
		Postcode							

We save costs if we can 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>			
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, please tell us why you are making a donation or becoming a Member. Many donors are grateful patients and any feedback is especially rewarding for 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

Gift Aid your donation (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.

please tick

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 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 a higher rate, 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

We use 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 BEH. You may 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

March 2022