



|       |  |              |  |         |  |
|-------|--|--------------|--|---------|--|
| Title |  | Fore-name(s) |  | Surname |  |
|-------|--|--------------|--|---------|--|

|   |   |      |
|---|---|------|
| <b>Donations</b>                                      | Please make cheques payable to <b>Friends of Bristol Eye Hospital</b> | Tick |
| I enclose a donation of                               | £   |      |
| And/or I have completed the Bankers Order form below. |   |      |

**Membership** please tick one only

|   |  |
|---|--|
| Life Member: I am paying (or have already paid) a donation of at least £50. |  |
| Annual Member: I will donate £5 (or more) each year.                        |  |
| I do not wish to become a Member.   |  |

|       |  |
|-------|--|
| email |  |
|-------|--|

We only need your address if you Gift Aid your donation or you want communication by post.

|         |          |  |  |  |  |  |  |  |  |  |
|---------|----------|--|--|--|--|--|--|--|--|--|
| Address |          |  |  |  |  |  |  |  |  |  |
|         |          |  |  |  |  |  |  |  |  |  |
|         | Postcode |  |  |  |  |  |  |  |  |  |

If you supply a telephone number, we can contact you to resolve a query or to thank you. We will not call you to ask for donations.

|      |  |        |  |
|------|--|--------|--|
| Home |  | Mobile |  |
|------|--|--------|--|

If you want to make a regular donation, please complete the Bankers Order form below

|       |  |              |  |         |  |
|-------|--|--------------|--|---------|--|
| Title |  | Fore-name(s) |  | Surname |  |
|-------|--|--------------|--|---------|--|

|  |       |   |         |   |   |      |   |   |  |  |
|--|-------|---|---------|---|---|------|---|---|--|--|
| Please pay <b>Friends of Bristol Eye Hospital</b> the sum of | £     |   |         |   |   |      |   |   |  |  |
| every (delete as appropriate)                                | month |   | quarter |   |   | year |   |   |  |  |
| until further notice starting on                             | D     | D | M       | M | 2 | 0    | Y | Y |  |  |

|           |  |  |  |  |  |  |  |  |  |  |
|-----------|--|--|--|--|--|--|--|--|--|--|
| Your Bank |  |  |  |  |  |  |  |  |  |  |
|-----------|--|--|--|--|--|--|--|--|--|--|

|              |  |  |  |  |  |  |  |  |  |  |
|--------------|--|--|--|--|--|--|--|--|--|--|
| Account Name |  |  |  |  |  |  |  |  |  |  |
|--------------|--|--|--|--|--|--|--|--|--|--|

|           |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |
|-----------|--|--|--|--|--|--|----------------|--|--|--|--|--|--|--|--|
| Sort Code |  |  |  |  |  |  | Account Number |  |  |  |  |  |  |  |  |
|-----------|--|--|--|--|--|--|----------------|--|--|--|--|--|--|--|--|

|           |  |  |  |  |  |  |      |  |  |  |  |
|-----------|--|--|--|--|--|--|------|--|--|--|--|
| Signature |  |  |  |  |  |  | Date |  |  |  |  |
|-----------|--|--|--|--|--|--|------|--|--|--|--|

|          |                       |  |  |  |  |  |  |  |  |  |
|----------|-----------------------|--|--|--|--|--|--|--|--|--|
| Our Bank | Co-operative Bank plc |  |  |  |  |  |  |  |  |  |
|----------|-----------------------|--|--|--|--|--|--|--|--|--|

|              |                                 |  |  |  |  |  |  |  |  |  |
|--------------|---------------------------------|--|--|--|--|--|--|--|--|--|
| Account Name | Friends of Bristol Eye Hospital |  |  |  |  |  |  |  |  |  |
|--------------|---------------------------------|--|--|--|--|--|--|--|--|--|

|           |   |   |   |   |   |   |                |   |   |   |   |   |   |   |   |
|-----------|---|---|---|---|---|---|----------------|---|---|---|---|---|---|---|---|
| Sort Code | 0 | 8 | 9 | 2 | 9 | 9 | Account Number | 6 | 7 | 1 | 9 | 4 | 7 | 3 | 9 |
|-----------|---|---|---|---|---|---|----------------|---|---|---|---|---|---|---|---|

## Boost your donation by Gift Aid (at no extra cost to you)

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.

Signature

Date

If you wish, you may tell us why you are making a donation or joining the Friends. Many donors are grateful patients and any feedback is especially rewarding for hospital staff.

Please tell us if we may publish your name or reasons for your donation in *In Sight* or on our website.

| Name  | Yes / No | Reasons | Yes / No |
|---|----------|---------|----------|
| <b>I would like to receive</b> please tick one on each line |          |         |          |
| Annual Newsletter <i>In Sight</i>                           |          |         |          |
| Notices of social or fund-raising events                    |          |         |          |
| Thanks/acknowledgments of any donations I make              |          |         |          |

## Data Privacy

We will use the information you provide only to administer your donation and communication preferences. You may ask us at any time what data we hold for you and/or ask us to amend or delete it or change your communication preferences by calling us on **0300 102 4556**, emailing [secretary@fbeh.org](mailto:secretary@fbeh.org) or writing to our registered address below.

You can read our full privacy policy at <https://www.fbeh.org/about-us/privacy-policy/>.

Please return form to: Friends of Bristol Eye Hospital, Lower Maudlin Street, Bristol, BS1 2LX

Registered Charity Number 274349

[www.fbeh.org](http://www.fbeh.org)

August 2022