



MEMBERSHIP FORM

I would like to join the Friends of East Surrey Hospital.

I wish to take out:

Annual Membership at £10

Life Membership at £60

NAME:

ADDRESS:

.....

EMAIL:

TELEPHONE:

Payment details – bank transfer or cheque

Bank Account details:

- Name of account: Friends E Surrey Hospital
- Sort code: 60-17-27
- Account number: 27573672
- Ref: FOESH Mem (followed by name)

OR

Pay by cheque made payable to Friends of East Surrey Hospital.

Please send cheque to Friends of East Surrey Hospital, Canada Avenue, RH1 5RH.

Gift Aid Declaration

If you are a UK taxpayer, the Friends of East Surrey Hospital are able to reclaim the tax paid.

Please tick this box for Gift Aid declaration.

Signature: Date:

If you would like to volunteer with the Friends please make contact either directly at the East Entrance Shop or email us at: sash.friendsofesh@nhs.net. Thank you.