

GIFT AID DECLARATION

If you are a UK tax payer please help us to claim charity tax relief by completing the following Gift Aid Declaration. Doing so will cost you nothing.

I declare that all the sums I pay to the Friends of Mendip Hospital Cemetery by way of subscription or donation on or after today's date and until I notify you otherwise are to be treated as Gift Aid so that tax can be reclaimed by the Friends.

Signature:

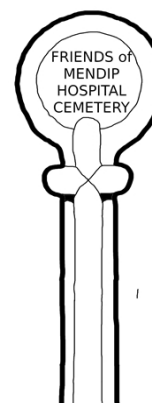
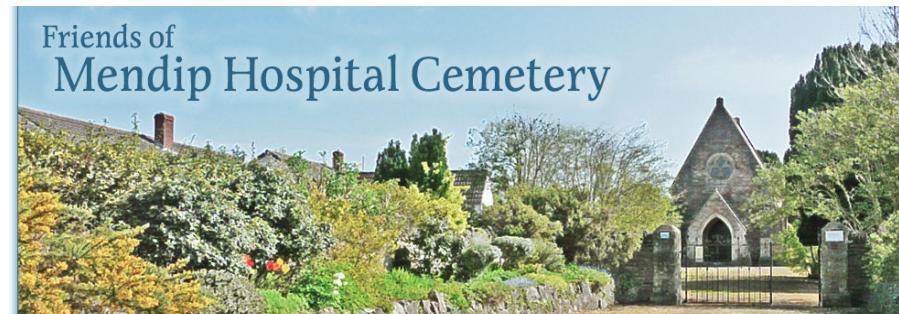
Date:

To be able to qualify you must pay an amount of income tax at least equal to the tax that the Friends reclaim in any one tax year (i.e. approximately one third of your subscription or donation). If you pay tax at the higher rate you can claim further tax relief on your self-assessment return.

Should your circumstances change so that you no longer pay tax or you change your mind for any other reason, you can cancel this declaration by contacting the 'Friends'.

If you are unsure whether your subscription qualifies for Gift Aid relief you can ask your local tax office for leaflet IR113 or consult the government website

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APPLICATION FORM

The Friends of Mendip Hospital Cemetery
Registered Charity 1085981

STANDING ORDER

TO: <i>(name and address of your bank)</i>	
Sortcode	Postcode

Please pay to: National Westminster Bank, Wells, Somerset
 Sort code: 60 23 06
 A/c name: The Friends of Mendip Hospital Cemetery
 A/c number: 75202735

The sum of £	<i>(amount in words)</i>
commencing now and thereafter annually until further notice in writing and debit my/our account accordingly	
<i>(your account name)</i>	
<i>(your account number)</i>	
Signature	
<i>(your address)</i>	
Date	

We will forward this Standing Order to your Bank

The Friends of Mendip Hospital Cemetery is a charity whose purpose is “to preserve and protect the former Mendip Hospital Cemetery site and enhance the site as a public amenity and to maintain, repair, restore, preserve, improve, beautify and reconstruct the fabric of the Chapel at the former Mendip Hospital Cemetery site as a place of historical or architectural merit and to advance public education in the history of the Mendip Hospital, the Chapel and the Cemetery”.

ENROLMENT FORM

I wish to become a Friend and would like to give an annual donation of
 £..... and I therefore enclose a Standing Order for this amount.

Name:

Address:

.....

Telephone:

email:

**Please either hand this completed form to a volunteer at the Chapel or
 send it direct to Secretary, 108 Bath Road, Wells BA5 3LN so that we
 can complete our records. Thank you!**