



Please tick

I want to help the Friends of Richardson Hospital and would like someone to contact me

I would like to make a donation of

£.....Date.....

As I pay income tax I would like this and all donations I may make from this date to be treated as Gift Aid in order for Friends of Richardson Hospital to claim the tax relief on my donation, until I notify you otherwise.

Signed.....

Title.....

Forename[s].....

Address.....

.....

.....

Postcode.....

Telephone.....

Please detach and return this form to:

Christine Bell, Treasurer
1 Bede Kirk
Barnard Castle
DL12 8DJ