



Registered Charity No. 1086545

Friends of

WEST BYFLEET HEALTH CENTRE

Incorporating the Patients' Participation Group

The Health Centre • Madeira Road • West Byfleet • Surrey KT14 6DH

I wish to become a Friend of West Byfleet Health Centre

Name _____

Address _____ Post Code _____

Practice _____

I enclose my cheque payable to The Friends of West Byfleet Health Centre

I prefer to pay by Banker's standing order

Bank/Building Society _____

Please return to:
The Treasurer,
Friends of West Byfleet Health Centre
West Byfleet Health Centre
Madeira Road
Surrey KT14 6DH

Bank/Building Society Address _____ Post Code _____

Account Name _____

Sort Code:

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Account Number:

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Please pay £ _____ on

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and monthly/quarterly/annually (delete as applicable) thereafter until further notice.

To: The Friends of West Byfleet Health Centre, Caf Bank, 25 Kings Hill Ave, Kings Hill, West Malling, Kent ME19 4TA SC 40-52-40 A/c No. 00008492

GIFT AID I confirm that I am a UK tax payer and that the tax I will pay will at least equal the tax that the charity may reclaim in this donation. Please treat all donations that I make to The Friends of West Byfleet Health Centre from the signed date below until further notice, as Gift Aid Donations. Registered Charity 1086545

I would like a tax receipt for my donation

Signature _____ Date _____