

# Gloucestershire Eye Therapy Trust

Looking after the vision of your community

## APPLICATION FOR MEMBERSHIP OF THE FRIENDS

To: The Secretary, Gloucestershire Eye Therapy Trust  
Flat 3, 2 Lansdown Terrace, GL50 2 JT

I wish to become a Friend of the Trust and I am willing to pay an annual  
Subscription / donation (minimum £3.00)

Full Name .....

Address.....

.....

Post Code: ..... Telephone No:.....

Email Address:.....

Signed.....Date:.....

Please tick box if you require an acknowledgement for your donation.

### Gift Aid Declaration for donation/cheque or standing order

The Gloucestershire Eye Therapy Trust – Charity number 1100501

I want the charity to treat all donations I make from the date of this declaration  
until I notify you otherwise as Gift Aid Donations. I am a UK taxpayer paying an  
amount of income tax and/or capital gains tax at least equal to the tax which the Trust  
can reclaim in the tax year.

Signed..... Date:.....

### Standing Order Form

Please pay Lloyds TSB Bank, High Street, Cheltenham.  
Gloucestershire Eye Therapy Trust A/c No. 04351549, Sort Code 30-91-87

The sum of £..... on.....(date of first payment)  
and thereafter annually on the same day each year until further notice.

To: The Manager.....Bank PLC

Address of Bank.....

Account Number.....

Name of Account to be debited.....

Signed.....

Date.....