



**Membership Application/Donor Form**

Please support LHH regularly by completing the Membership Application and Standing Order sections below.

MEMBERSHIP APPLICATION (tick box) :  I apply and consent to become an Ordinary Member of the League of the Helping Hand (LHH) and agree to pay the annual subscription from time to time as applicable.

DONATION (tick box):  Additionally or alternatively, I wish to make a donation to the League of the Helping Hand as set out below:

Full Name:	Signature:
Address:	
	Post Code:
Telephone/Mobile:	Date:
Membership Fee (minimum £20 per annum)	£
Donation:	£
<b>Total Payable:</b>	<b>£</b>

**MEMBERS AND DONORS:**

**Gift Aid:** Your membership and/or donation are worth almost one-third more to LHH under the Gift Aid Scheme, which may also benefit you if you are a higher rate tax payer.

I am a UK tax payer and would like the LHH to reclaim the tax on all membership fees and/or donations I make from this date onwards.

Please return your completed application form to:  
The Secretary, LHH, PO Box 342, Burgess Hill, RH15 5AQ

**STANDING ORDER**

To: The Manager: \_\_\_\_\_ Bank Plc

Address \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_ My Account No: \_\_\_\_\_

Please pay to the League of the Helping Hand the sum of £\_\_\_\_\_ starting on the \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ at monthly/quarterly/annual intervals until further notice. Date: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_\_

CAF Bank Ltd, 25 Kings Hill Avenue, Kings Hill, West Malling, Kent ME19 4JQ. A/c Name: The League of the Helping Hand  
Sort Code: 40 - 52 - 40 A/C No: 00022338

**Signature of Donor:** \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_