



“700 years of civic society and philanthropy in Warwick”

Friends of the Lord Leycester Hospital – Application Form

Your Information (please print or type)

Name _____

Address _____

Town, Postcode _____

Telephone _____

Email _____

Privacy Notice: The personal data you provide is collected for the explicit and legitimate purpose of keeping you updated on Friends events and opportunities and will not be processed in a manner that is incompatible with this purpose.

- I consent to my personal data being stored and used solely for the purpose to keep me informed on Friends events, activities and opportunities. (Please check bullet if you agree but you can withdraw this consent at any time by contacting us at info@lordleycester.com.)

I wish to be a Friend of the Lord Leycester:

- Individual - £25 a year – individual supporters will receive a LLH Annual Pass, a signed print of the Lord Leycester, and exclusive invitations to special events and volunteering opportunities.

I will make my donation in the form of: cash cheque BACS SO.

Please direct bank transfers to ‘Lord Leycester Hospital’, account no. 00198662, sort code 30-99-15; please make cheques out to ‘The Lord Leycester Hospital’ and send with this completed form to 60 High Street, Warwick CV34 4BH.

Acknowledgement Information

Please use the following name in all acknowledgements: _____

- I wish this donation to be Gift Aided.

Signature(s)

Date