

The French Hospital

The Association of

**'FRIENDS
OF
La PROVIDENCE'**

Rochester, Kent



Registered Charity No. 219318

The French Hospital 'La Providence', founded in 1718 as a charity for poor Huguenot refugees, today provides over 60 flats for older or needy people of Huguenot descent who require accommodation, with help always at hand in sickness or emergency.

The Association of 'The Friends of La Providence' seeks to raise funds, allocated at the discretion of the Management Committee, for the benefit of La Providence and to serve as a link between the charity's well-wishers and its Directors and Residents. Friends with Huguenot descent can also keep in touch thereby with one of the major Huguenot charities remaining in this country.

Membership is open to all subscribing not less than £10 per annum to The French Hospital, although we recommend a figure of £20 to non-pensioners, with Life Membership available for a payment of £150. All members will receive an Annual Report and an invitation to the celebration of the Anniversary of the Foundation in June each year, as well as to other such occasions as may be organised for them.

Annual subscriptions can be paid by Banker's Order or by cheque. If you pay UK income and/or capital gains tax, **please also complete the Gift Aid Declaration form. This will allow The French Hospital to reclaim 25p for every £1 donated.** The Gift Aid procedure replaces the former Deed of Covenant. Additionally, older or retired people who may feel unable to make donations from current income or capital, may like to make provision in their wills for a legacy to The French Hospital. A husband or wife can, moreover, stipulate that the legacy will accrue to The French Hospital only after the death of the survivor. Similar provision can, of course, be made in both wills.

GUIDELINES FOR GIFT AID DECLARATION

If your declaration covers donations you may make in the future, please notify The Clerk to The French Hospital if you change your name or address while the declaration is still in force. You can cancel the Declaration at any time by notifying The French Hospital. It will then not apply to donations you make on or after the date of the cancellation or such later date as you specify.

You must pay an amount of income tax and/or capital gains tax at least equal to the tax that the charity reclaims on your donations in the tax year (currently 25p for each £1 you give). If in the future your circumstances change and you no longer pay tax on your income and capital gains equal to the tax that the charity reclaims, you can cancel your declaration.

If you pay tax at the higher rate you can claim further tax relief in your Self Assessment tax return. If you are unsure whether your donations qualify for Gift Aid tax relief, ask The Clerk to The French Hospital, or ask your local tax office for leaflet IR113 Gift Aid

THE FRIENDS OF LA PROVIDENCE BANKER'S ORDER FORM

To the Manager:..... Bank plc. Sort Code:.....

Address:.....
..... Postcode:.....

Please pay:

The Charities Aid Foundation Bank (40-52-40) Kings Hill, West Malling, Kent ME19 4TA

For the account of The French Hospital (Account No. 00006196) the sum of:

£ (.....) (in words)

on the day of the month of201_ and a like sum on the

first day of each year thereafter until further notice and debit my/our account:

Account name:..... Account No: accordingly.

This standing order cancels any previous standing order to The Friends of The French Hospital.

Signed: Date:

Address:

..... Postcode:

Please complete and return this form to:

The Clerk, The French Hospital, 41 La Providence, Rochester, Kent ME1 1NB.

It will be forwarded to your bankers after registration.

If you do not wish to pay by Banker's Order simply forward your cheque made out to: **The French Hospital** to **The Clerk** at the above address. If appropriate, please also complete the **Gift Aid Declaration** form opposite. See Explanatory notes on the back.

GIFT AID DECLARATION

Name of Charity:
THE FRENCH HOSPITAL
Registered No. 219318

Details of Donor (in capitals please)

Title:.....

Forename(s):.....

Surname:.....

Address:.....

..... Postcode:.....

I want the charity to treat

*** the enclosed donation of £.....**

*** the donation(s) of £..... which I made on/..../....**

*** all donations I make from the date of this declaration until I notify you otherwise**

*** all donations I have made since 6th April 2000, and all donations I make from the date of this donation until I notify you otherwise as Gift Aid donations**

Signature: Date:
...../...../.....

**delete as appropriate*