

Helping those who care provide services that last

Sister Comfort, the Matron at Bethesda Hospital in Igede Diocese, Benue State, works long hours to maintain essential health services. Regular payments to the **Association of Friends** help to ensure that salaries of people like her continue to be paid.

How do I become a Friend?

Please complete the forms. You can give whatever amount you choose and for an amount of time that suits you. Friends are sent a prayer letter twice a year to update them with progress in Nigeria.

For more information about the Nigeria Health Care Project please contact:

Dr David Cundall
NHCP Coordinator
1 Gledhow Park Road
LEEDS
LS7 4JX
Phone: 0113 2938351
E-mail: nhcp@btinternet.com

**Thank
You!**

Association of Friends Application

Title:
Full name:
Address:

Postcode:
Telephone:
E-mail address:

I would like to become a Friend of NHCP by giving (please tick)

- | | | | |
|--------------------------|--------|--------------------------|-------------|
| <input type="checkbox"/> | £ 5 | <input type="checkbox"/> | per month |
| <input type="checkbox"/> | £10 | <input type="checkbox"/> | per quarter |
| <input type="checkbox"/> | £ | <input type="checkbox"/> | per year |

Starting (insert date)

Gift Aid:

I want the Nigeria Health Care Project to treat all donations I make from this date as Gift Aid:

Signed:

Date:

To make a Gift Aid donation, you must pay an amount of income tax or capital gains tax at least equal to the tax reclaimed on your total Gift-Aided charitable donations during the relevant tax year.

Instruction to your Bank for a Standing Order:

Please send direct to your bank

To the manager:
Bank/Building Society

Address of Bank/Building Society

Name of Account Holder(s)

Account number:

Branch Sort Code: | - -

Please arrange for £ per month/quarter/year to be paid to:

Barclays Bank
93/95 Main Street
Garforth

LEEDS LS25 1YD

Sort code: 20-33-42

Account number: 20670995

Account name: Nigeria Health
Care Project

Date of first payment
and monthly/quarterly/annually until
...../ further notice.

This replaces all previous instructions.

Signed

Date

This section
to be sent to
your Bank or
Building
Society

Gift Aid Declaration

Whilst using Gift Aid, please notify the NHCP Treasurer as soon as possible if you:

- Change your address *or*
- The amount of income/capital gains tax you pay is insufficient to cover your gift aid donations

Method of Contribution

I would like to pay by standing order and have sent the completed form to my bank.

I would like to pay by cheque payable to:
Nigeria Health Care Project

Annual Receipt

I would like to receive an annual receipt (this will be sent with the annual update)

Please detach and return to:
Peter Young NHCP
459 Selby Road
Leeds
LS15 7AX

Nigeria
Health
Care
Project



www.nhcp.org.uk

Registered Charity no: 1112932

Association of
Friends

Providing long-term funds
for salaries of health staff
in rural areas of Nigeria



Sister Comfort Eka,
Matron at
Bethesda Hospital