

Become a Friend of Salisbury Medical Practice



The Friends of Salisbury Medical Practice was established to provide facilities, equipment, training and education and support services not usually provided by the doctors or statutory authorities for the benefit of Salisbury Medical Practice patients and the wider Salisbury community.

Why should I become a Friend?

Becoming a Friend of Salisbury Medical Practice will mean that you are contributing to providing additional equipment and services that would not normally be available, for example, we currently fund weekly Dementia friendly Tai Chi sessions and we have a wish list of other services we would like to offer within the practice for our patients and wider community.



You will also be invited to our Annual General Meeting, have a say in our fundraising goals and receive regular news about the Friends projects. There are also volunteer opportunities should you wish to be more involved.

What do I need to do to become a Friend?

- **Complete the application form overleaf**
- **Hand to Reception or post to Friends Secretary, Friends of Salisbury Medical Practice, Fisherton House, Fountain Way, Salisbury, Wiltshire SP27FD**
- **Complete and return the Standing Order mandate to your bank**

I would like to become a Friend of Salisbury Medical Practice....



Name: Title:

Address:

Postcode:

Email:

I confirm that I would like to become a Friend of Salisbury Medical Practice

In line with the data Protection Act, Friends of Salisbury Medical Practice will never share your details with other organisations and will only use them to contact you in respect of your Friends membership or as requested by you.

Please complete and return the attached Standing order form to your bank.

Thank you for your support!



**Friends of Salisbury Medical Practice
Registered Charity 1172839
Standing Order form**

Please complete and forward this portion to your own bank.

To (Bank): _____

Please pay £_____ (amount)

on the _____ (date and month)

and monthly / annually thereafter (delete as appropriate)

from my account

Name _____

Address _____

Account No. _____

Sort Code: _____

To the account of the **Friends of Salisbury Medical Practice**

Account No: 57571768

Sort Code: 30-91-92

Bank: Lloyds

Signature: _____

Print Name: _____