# Friend of LHH (League of Helping Hand) Form

First Name: _____

Surname: _____

Address: _____

_____

Postcode: _____

Email: _____

Phone: _____

**I wish to become a friend of LHH**

Signed: _____

Date: _____

Please return form by post to: Secretary, LHH, PO Box 342, Burgess Hill, RH15 8AN or email to Secretary@lhh.org.uk

**Data Protection**

By signing this friend of LHH form, you are advised that information provided may be computerised. We take the privacy of LHH friends seriously and will only use your personal information for administrative purposes and for communicating with you about the charity if you explicitly authorise us to do so in your communication preferences.
Information will not be shared with third parties.
You can also refer to our privacy policy on LHH's website www.lhh.org.uk.
Your consent can be withdrawn at any time by emailing secretary@lhh.org.uk

**Your communication preferences**

We would like to keep in touch with you from time to time to let you know the difference that your support is making, and to contact you about LHH's events and activities (including fundraising).
Please let us know your preferences if you consent to be contacted by LHH.

□ I am happy to be contacted by post
□ I am happy to be contacted by email
□ I am happy to be contacted by telephone
□ I am happy to be contacted by text

**Fundraising**

Please contact us if you would be interested in fundraising for LHH