

Standing order form



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London NW7 3SA
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Registered Charity No. 203156

Title	_____	Address	_____
Name	_____		_____
Surname	_____		_____
D.O.B.	_____	City/Town	_____
Telephone	_____	Postcode	_____
E-mail	_____		

HELPING CHILDREN WHO SIMPLY WISH TO BE HEALTHY

Banker's Order	
instruction to your Bank/Building Society to pay by banker's order	
To the manager	_____
Bank name	_____
Bank address	_____
Postcode	_____
Exact name/s of account holder/s	_____
Bank Sort Code	Bank/Building Society account number
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Instruction to your Bank/Building Society	
(please allow one month before first payment)	
Please pay on the	The sum of
<input type="text"/> <input type="text"/> d <input type="text"/> <input type="text"/> m <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> y	£ <input type="text"/>
and on the same day of each succeeding	I hereby confirm that I am over 18 years of age
<input type="text"/> month <input type="text"/> quarter <input type="text"/> year	Signature/s: _____
(please tick appropriate box)	
Allied Irish Bank GB Mayfair Branch Sort code 23-83-97 Account number 565-950-33	Date: <input type="text"/> <input type="text"/> d <input type="text"/> <input type="text"/> m <input type="text"/> <input type="text"/> y
	Bank Reference: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

When completed, this form should be return to The Philip Green Memorial Trust