



# STANDING ORDER

**To: The Manager**

(Please enter your bank & account details below)


**I / We hereby authorise and request you to debit my / our**

<b>Account Name</b>	
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**Account Details**

Sort Code	Account Number	Amount	Date	Frequency <small>Please delete as appropriate</small>
				<b>Monthly</b> <b>Quarterly</b> <b>Annually</b>

**Annual membership subscriptions should be made on 1 September**

Start Date	End Date	Number of Payments	Until otherwise notified
			<b>Yes / No</b> <small>Please delete as appropriate</small>

**Account to be Credited**

<b>Friends of the Eastbourne Hospital</b>
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<b>Sort Code</b>	<b>20 22 67</b>	<b>Account Number</b>	<b>10039667</b>
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**Quoting Reference**

<b>Donation / Membership</b>	<small>Please delete as appropriate</small>
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Signature ..... Date .....

Please ensure that all boxes are completed and any alterations are initialled

If you wish to Gift Aid this donation  
 Please contact the Friends office on 01323 438236 for a Gift Aid Form