



Standing Order

Please complete this form and return it to:

The Treasurer
The Manx Stroke Foundation,
69 Cannan Avenue,
Kirk Michael,
Isle of Man,
IM6 1HG

Your Details

Name:

Address:

Postcode:

Telephone:

Your Bank Details

Bank Name:

Address:

Sort Code: _/_/_

Account Number:

Name of Account Holder (s):

Please pay *The Manx Stroke Foundation*

Sort Code: 20-26-74

Account No: 00485810

Amount: £ _____
(In figures)

Amount: _____
(In Writing)

Commencing Date* _____ Month ____ / ____ Year _____
(date of first payment)

**this date should be at least one month from today's date*

Thereafter Monthly Quarterly Annually
(please circle one)

Signature(s): _____ Date: _____



Standing Order

The Manx Stroke Foundation does not disclose data to third parties. Registered Manx Charity 696