



Standing Order

Please complete this form and return it to:

The Treasurer
The Manx Stroke Foundation,
10 Close Cubbon,
Peel,
Isle of Mnn,
IM5 1NS

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*

Barclays Bank **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: _____