

STANDING ORDER FORM

Please pay to Great Western Hospitals NHS Foundation Trust
Lloyds Bank PLC
84-86 Cricklade Rd
Gorse Hill
Swindon
SN2 8AF

Sort Code: 30-13-35

Account Number: 00661407

The sum of £ commencing on the and each month thereafter until I notify you otherwise.

Instruction to: The Manager

Bank/Building Society:

Address:

Postcode:

Name(s) of Account Holder(s): _____

Sort Code:

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 Account No:

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Purpose of Donation

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Signature(s) of Account Holder(s): _____

Date:

Please complete all the above details and return this to:
The Fundraising Department
Great Western Hospitals NHS Foundation Trust,
The Great Western Hospital,
Marlborough Road,
Swindon.
SN3 6BB

Please DO NOT send the Standing Order Mandate direct to your bank.
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FUNDRAISING USE ONLY

Date Received: _____ Date sent to Bank: _____

Name: _____ Copy Faxed to Cashiers

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