

STANDING ORDER FORM

If you wish to make a regular donation to the Caring Matters Now Support Group, please complete in BLOCK CAPITALS

TO:

The Manager.....

.....Postcode.....

PAY:

THE CO-OPERATIVE BANK PLC
P.O. BOX 250
SKELMERSDALE
WN8 6WT

Credit Account: CARING MATTERS NOW R/C 1120988

Credit Sort Code: 08-92-99

Credit Account No: 65253368

The sum of £.....

Annual
Quarterly
Monthly

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Please tick appropriate box

Quoting reference.....

Starting on..... (Date)

And continue until I give notice in writing.

Debit Account Name.....

Debit Account Number.....

Address.....

.....Postcode.....

Signature..... Date.....

**Please return to Caring Matters Now Support Group, PO Box 732,
Cambridge, CB1 0QF.**