



HAITI HOSPITAL APPEAL

GIFT BY STANDING ORDER

If you wish to give regularly to Haiti Hospital Appeal complete the form below and send it to your bank or building society to instruct them to set up a standing order on behalf of Haiti Hospital Appeal.

✂-----

To _____ <i>Bank/Building Society</i>																			
Branch _____ <i>Branch name</i>																			
Sort Code <table border="1"> <tr> <td> </td><td> </td><td>-</td><td> </td><td> </td><td>-</td><td> </td><td> </td> </tr> </table>			-			-			Account Number <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>										
		-			-														
Account Name _____																			
Please set up a new Standing Order on behalf of :																			
Beneficiary name - <u>Haiti Hospital Appeal</u> Beneficiary reference - HHA-2006-A																			
Beneficiary sort code <table border="1"> <tr> <td>4</td><td>0</td><td>-</td><td>4</td><td>6</td><td>-</td><td>2</td><td>0</td> </tr> </table>	4	0	-	4	6	-	2	0	Beneficiary account number <table border="1"> <tr> <td>0</td><td>1</td><td>4</td><td>5</td><td>3</td><td>9</td><td>4</td><td>7</td> </tr> </table>	0	1	4	5	3	9	4	7		
4	0	-	4	6	-	2	0												
0	1	4	5	3	9	4	7												
Amount £ _____	Amount in words _____																		
Date of first payment ___/___/___	Date of final payment ___/___/___ <i>or Until Further Notice (UFN)</i>																		
Due date and frequency of payments (e.g. 25th each month) _____																			
Signature(s) _____ _____																			
Date ___/___/___																			