



Polio Survivors Network

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www.poliosurvivorsnetwork.org.uk

Registered Charity No. 1064177



STANDING ORDER FORM - DECEMBER 2013

[Please complete in **BLOCK CAPITALS** and take this to YOUR BANK]

TO:-

Name of Bank Sort Code

Bank Address

A. Your Details

Account Name Acct. No.

Tel. No. Work. Tel No. Home

Please set up the following Standing Order and debit my/our account accordingly

B. Organisation I wish to Pay.

Polio Survivors Network

CAF Bank Limited, 25 Kings Hill Avenue, West Malling, Kent, ME19 4JQ.

Sort Code 40 52 40 - Account No. 00014980

C. About the Payment – Please complete/delete anything not appropriate.

Life Membership payable by S.O. **£5.00 per month x 30 months**

Yearly Membership at **£12.50 per year**

Please choose starting date the 1st of Jan, or 1st Apr, or 1st Jul, or 1st Oct.

Donations towards our work will be gratefully received.

Membership £ plus donation of £

Total amount to be paidYearly / Monthly

Start Date

End date **or until further notice**

Customer (s) Signature (s)

Today's Date