

Standing Order Form



Paul Strickland
scanner centre
www.stricklandscanner.org.uk

Donating By Standing Order is the easiest way to make gifts to Paul Strickland Scanner Centre. As well as relieving you of the chore of completing donation slips etc. and reducing your costs, it gives us a regular, reliable source of income. And, in addition, if you are a tax payer, any donation you make will be worth more to us if you have completed the Gift Aid tax declaration.

Name

Address

Please pay £ each year/quarter/month (please delete as appropriate) until further notice. Starting date

Please allow at least one month from today's date

To the manager (bank name)

Address

A/C No

Sort Code

My signature **Date**

Please pay to Barclays Bank plc, 54 High Street, Ruislip, Middlesex HA4 7AT for the credit of The Paul Strickland Scanner Centre Appeal Account

(A/C No. 40684791 20-73-53) Bank to quote our reference

THANK YOU FOR YOUR SUPPORT

Charity No: 298867

Donation Form



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To help provide vital support to thousands of people each year, please complete this form and return it to Paul Strickland Scanner Centre (please print).

Name Mr/Mrs/Ms

Address _____

Postcode

Please send donations with this form to **Paul Strickland Scanner Centre, FREEPOST HA1914, Mount Vernon Hospital, NORTHWOOD HA6 2BR**

Donations may also be made by telephone, by fax or on our website:

Paul Strickland Scanner Centre
Tel: 01923 844 290 Fax: 01923 844 600
www.paulstrickland-scannercentre.org.uk

- To find out about the Paul Strickland Scanner Centre.
- To find out more about our Share Giving Scheme.
- To find out more about our Legacy Pledge Scheme.

Here is my donation to help the Paul Strickland Scanner Centre.

Charity No: 298867

I wish to give a gift of £ _____ (If you pay tax, your gift could be worth an extra 28% to the Scanner Centre by completing the enclosed gift aid declaration).

I enclose a cheque/postal order/CAF voucher made payable to: PSSC.

I am enclosing a completed Standing Order form or

Please debit my: MasterCard Visa Switch Issue No
with the above amount. Security Code (last 3 no's from back of card)

Card No:

Expiry Date: Date: _____

Cardholders name: _____

Cardholders signature: _____

THANK YOU VERY MUCH FOR YOUR SUPPORT