

STANDING ORDER FORM

To the Manager (Bank name and address):

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.....
.....

Postcode.....

Please pay Child Health International at :

Co-operative Bank
17 High Street
Kingston -upon-Thames
KT1 1LP

Account No. 70306459 Sort code 08 90 34

the sum of £ each month/ quarter/ year until further notice and debit

Account No.

Sort code

Starting on (dd/mm/yyyy)

Signature

Date.....

Address

.....

.....

Postcode

I would like to donate via Gift Aid Yes No

(If you are a taxpayer, this allows us to reclaim 28p from the Inland Revenue for each £1 you donate)