** FOYLE HOSPICE**

 **WEEKLY DRAW**

 **STANDING ORDER FORM**

***Please Print Out, Complete, Sign, Date And Return To:***

*Foyle Hospice Fundraising Dept., 61 Culmore Road, BT48 8JE*

**Your Bank Details**

To The Manager …………………………………………………………………………………Bank plc

(Address) …………………………………………………………………………………………………….

………………………………………………………………………..Postcode……….......................……

**Please pay Foyle Hospice via Danske Bank, 6 Shipquay Place Londonderry BT48 6DF**

**Account No. 00002054 (95-06-76) the sum of:**

**Your Personal Details**

Title: Mr/Mrs/Miss/Ms\* (please state)...............................

 First Name….....…………............................. Surname…………….....................................……….…

Address…………………………………………………………………………………………………………………………………………………………………………………………Postcode………………….…….

Tel No…………………………………Email Address ………………………………………………………

Please tick the appropriate box:-

 £4.34 monthly £13 quarterly £26 half yearly £50 annually

Starting on …………………………………………………..20………………………………………………

Account No………………………………………………….Sort Code.…………………………………….

Signature (1)…………………………………….............………………….Date……………………………

Signature (2)…………………………………….............………………….Date……………………………

Members of the draw must be 16 years or over. Please confirm by ticking this box.

Bank Quoting Reference ……………………………………………… **(FOR OFFICE USE) )ONLY)**