

Rapha Medica Project

Standing Order Mandate

To:Bank

Address:

.....

.....

Please Pay: HSBC Bank Plc
 2 The Promenade
 Cheltenham
 Gloucestershire
 GL50 1LH

For the Credit of: Rapha Medica Project
 Account Number 12273950
 Sort Code 40-17-10

The Sum of: £..... (words.....
.....)

On (Date)

And Thereafter (Frequency)

Until (Further Notice/Date)

And debit my account.

Name:

Address:

.....

.....

Account No:

Sort Code:

Signature:

*NB: please return this form to the Rapha Medica Project office and NOT to the bank.
We will send the form on to the bank after we noted the details. Thank you.*

Registered Charity Number 1145132

Address: Mill Barn, Withybridge Lane, Cheltenham, GL51 0TH
Telephone: 01242 980278 Email: info@raphamedica.org