

Bankers Order Form

Please fill out the details below:

About you

Mr/Mrs/Miss/Ms/Dr/Other: _____ (Delete as appropriate)	
Name	_____
Address	_____ _____
Postcode	_____
Email	_____

About your Bank

Bank Name	_____
Branch Address	_____ _____
Postcode	_____

My Account Number

My Bank Sort Code - -

About your gift

I would like to give the sum of £ _____

<input type="checkbox"/> monthly on	and each succeeding month
<input type="checkbox"/> quarterly on	and each succeeding quarter
<input type="checkbox"/> annually on	and each succeeding year

Tick which statement applies and fill in the date you would like your donations to start.

Please Pay to: Lloyds TSB for the credit of
Carers Link East Dunbartonshire
Sort Code: 30-25-83
Account No: 0959950

Payment are to continue until notified by me in writing and are for the credit of Carers Link East Dunbartonshire, Milngavie Enterprise Centre, Ellangowan Road, Milngavie G62 8PH. Tel: 0800 975 2131

Signed..... **Date**.....



Enterprise Centre
Ellangowan Road
Milngavie G62 8PH

Telephone
0141 955 2131

Email
enquiry@carerslink.org.uk

Website
www.carerslink.org.uk

Recognised as a Scottish Charity
Number SC034447

Registered in Scotland
as a Company Limited by
Guarantee Number 270702



INVESTORS IN PEOPLE

