

Banker's Order Form

Your Gift												
Please pay the Friends of Bristol Eye Hospital the sum of					£							
every (delete as appropriate)					month		quarter		year			
until further notice starting on					D	D	M	M	2	0	Y	Y

Your details									
Surname									
Forename(s)		Title							
Address									
		Postcode							

Your bank's details																		
Your Bank																		
Address																		
		Postcode																
Account Holder Name																		
Sort Code								Account Number										

Signature		Date	
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Our details																	
Our Bank		CAF Bank Ltd															
Address		25 Kings Hill Avenue, Kings Hill, West Malling, Kent, ME19 4JQ															
Account		Friends of Bristol Eye Hospital															
Sort Code		4	0	5	2	4	0	Account Number		0	0	0	1	2	5	7	0

PLEASE DO NOT SEND THIS FORM TO YOUR BANK. Please return it to:

The Treasurer, Friends of Bristol Eye Hospital, Lower Maudlin Street, BRISTOL, BS1 2LX

For more information, please email treasurer@fbheh.org

May 2014