

CMMS giving form

CATHOLIC MEDICAL MISSIONARY SOCIETY. STANDING ORDER FORM.

Registered Charity 253303.

To Bank Manager, Donor's Bank: Sort Code.

Bank Address:

Donor's Account Name:

Donor's Account Number:

Please set up a STANDING ORDER in favour of
THE CATHOLIC MEDICAL MISSIONARY SOCIETY.

CO-OPERATIVE BANK, PO Box, Delf House, Southway, Skelmersdale, WN8 6WT.

Sort Code: 08-92-99.

Account Number: 65869163.

FOR THE SUM OF: £ In Words:

Annually/Other: Date Commencing:

Signed:

Printed Name & Address.

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Many thanks, if willing and able:

GIFT AID FORM

I am donating £ per annum to the Catholic Medical Missionary Society and,
as I am a Taxpayer, you may claim Gift Aid until further notice.

Signed:

Name:

Date:

Address:

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Please send the upper portion to your Bank & this lower portion to the Treasurer:

Dr. Steve Brennan, Winhill House, Thornhill, Hope Valley, Derbyshire. S33 0BR.

*|F "ONE OFF" DONATION, STRIKE THROUGH TOP HALF & FILL IN BOTTOM, CROSSING OUT "
per annum" after the donated sum. Many thanks.