



## STANDING ORDER

**To: The Manager**

(Please enter the branch details below)

|  |
|--|
|  |
|  |
|  |

I/We hereby authorise and request you to debit my/our

|                     |  |
|---------------------|--|
| <b>Account Name</b> |  |
|---------------------|--|

| Sort Code | Account Number | Amount | Date | Frequency<br><small>Please delete as appropriate</small> |
|-----------|----------------|--------|------|--|
|           |                |        |      |  |

**Annual membership subscriptions should be made on 1 October**

| Start Date | End Date | Number of Payments | Until otherwise notified                                     |
|------------|----------|--------------------|--|
|            |          |                    | <b>Yes/No</b><br><small>Please delete as appropriate</small> |

**Account to be credited**

|                     |   |                       |                 |
|---------------------|---|-----------------------|-----------------|
| <b>Account Name</b> | <b>Rye, Winchelsea &amp; District Memorial Hospital Ltd</b> |                       |                 |
| <b>Sort Code</b>    | <b>40-39-18</b>   | <b>Account Number</b> | <b>31052225</b> |
| <b>Reference</b>    | <b>[Your name] Donation and/or [Your name] Membership</b>   |                       |                 |

Signature ..... Date .....

Please ensure that all relevant boxes are completed and any alterations are initialled

If you wish to Gift Aid this donation please complete one of our Gift Aid Declaration forms or contact our Company Secretary on 01797 228842

Incorporating The Friends of the Hospital at Rye

Registered Charity in England & Wales No. 1014232

VAT Registration No. 8796884 30. Company No. 02740665

Registered Office: The Memorial Care Centre, Peasmarsh Road, Rye Foreign, Rye East Sussex TN31 7UD

Email: [fundraising@ryehospital.org.uk](mailto:fundraising@ryehospital.org.uk)

Website: [www.ryehospital.org.uk](http://www.ryehospital.org.uk)