

Standing Order Mandate

To _____ (your bank and its postal address)

Please pay: HSBC Bank plc, Buckingham Branch. Sort Code
40-15-33 For the credit of League of Friends of Buckingham
Hospital. Account No. 61105868

The sum of £ _____ Amount in words (_____)

on the _____ (date of 1st payment) _____ (frequency)

until _____ (date of final payment) or until cancelled by me.

and debit my/our account _____ (name of account)

account number _____

Signature(s)..... Date:.....

When completed, please print out and send

this form to:-

The Treasurer,

The League of Friends of Buckingham Hospital,

Buckingham Hospital,

High Street,

Buckingham, MK18 1NU