STANDING ORDER FORM

To the Manager				
I/we hereby authorise and request you to debit				
Account Name*	count Name*			
Account Details				
Sort Code	Account Number		Amount	Frequency
Date first payment	t And then on			
	1 st of the Month Until further notice.			er notice.
			1	
And Credit				
CORNWALL GUIDE ASSOCIATION				
Sort Code	Account Number			
77-09-17	32601760			
Quoting Reference				
Donation/		[your name]		
Signed			Da	te
Print name in capita	ls			

If you are a UK Tax payer, please *giftaid* your donation so Girlguiding Cornwall can claim an extra 25p for every £1 you give. It won't cost you any extra.