

STANDING ORDER MANDATE

To (Your Bank):											
Address:											
	BANK	BRANCH TITLE				SORTING CODE					
Please pay:	Unity Trust Bank	Birmingham	60-	60-83-01							
	BENEFICIARY'S NAME		ACCOUNT NUMBER								
For the Credit of:	The Primrose Foundation		203	20398815							
	AMOUNT IN FIGURES	AMOUNT IN WORDS									
[†] The Sum of:	f										
	DATE & AMOUNT OF FIRST PAYMENT					DUE DATE & FREQUENCY					
Commencing:		£									
	*Now		and thereafter every		1st of every month						
	DATE & AMOUNT OF LAST PAYMENT										
*Until Quoting the Reference:	£ *Until you receive further					r notice from me/us in writing,					
		and debit my/our accour									
Please cancel any previous standing order or direct debit in favour of the beneficiary named above under this reference											
SPECIAL INSTRUCTIONS											
ACCOUNT TO BE		ACCOUNT NUMBER									
							01.11				
Signature(s):		/	Date:								
NOTE: The Bank wi	ll not undertake to:										
(i) make any reference to Value Added Tax or other indeterminate element											
(ii) advise payer's address to beneficiary											
(iii) advise beneficiary on inability to pay (iv) request beneficiary's banker to advise beneficiary of receipt											
	iry's panker to advise beneficiar	y ot receipt									
*Delete if not applicable. [†] If the amounts of the perio	odic payments vary, they should be incorp	orated in a shedule overleaf									

CONTACT US VIA: Fundraising Co-ordinator **T:** 01752 975217 **M:** 07894 700866 **E:** info@primrosefoundation.org **W:** www.primrosefoundation.org **A:** Primrose Breast Care Centre, University Hospitals Plymouth, Plymouth PL6 8DH. **CHARITY NO:** 1064277 **PATRON:** Baroness Watkins of Tavistock