



The Centre, Rue des Monts
Delancey, St Sampson
Guernsey GY2 4HU

Centre & Helpline
T. 01481 245121
E. info@alzheimers.gg
www.alzheimers.gg

**STANDING ORDER MANDATE
FOR THE FRIENDS OF THE GUERNSEY ALZHEIMER'S ASSOCIATION**

Date.....
To..... (Please insert the name of your bank)

Bank Address.....
.....
..... Post Code

Please pay Lloyds TSB
P O Box 53
Smith Street
St Peter Port
Guernsey
GY1 4BD

For the credit of : The Friends of the Guernsey Alzheimer's Association – Membership Account
Account Number : 22446868
Branch Code : 30 93 73 The sum of £.....

Amount in words :.....

Commencing : 2011

Frequency : Once only/Annually (delete as required).
Until you receive further notice from me to cancel this instruction

Members Name.....

**THIS INSTRUCTION CANCELS ANY PREVIOUS STANDING ORDER TO THE
FRIENDS OF THE GUERNSEY ALZHEIMER'S ASSOCIATION-MEMBERSHIP
ACCOUNT**

Signature/s :..... Title of Account.....

Account No. :..... Branch Code

**Please return this completed form to
Barbara Giles, Membership Secretary, Caterina, Rue du Preel, Castel, Guernsey GY5 7DN**

