

STANDING ORDER FORM



To the Manager

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

Account Name*	
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Account Details

Sort Code	Account Number	Amount	Frequency
		£	Monthly

Beginning Date	End Date	Number of Payments

And Credit

The Last Kiss Foundation

Sort Code	Account Number
40-52-40	00028199

Quoting Reference

Donation	
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Signed

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Block Capitals

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*Please ensure that the actual name on/of the account is included in this box so that we can accurately match your payment to our records.