



Lottery Standing Order Mandate

Please **pay** The Six Counties Kidney Patients Association (SCKPA)

£13 (Quarterly) Paid on the 1st of Jan, April, July and Oct

Instruction to Bank/Building Society (*name*) _____

Address of bank _____

Sort Code ____ - ____ - ____ Account Number _____

Debiting Account Name _____

Please pay:

CAF Bank Ltd, 25 Kings Hill Avenue, Kings Hill, West Malling, Kent, ME19 4JQ

Sort Code: **40-52-40**

For the credit of: **Six Counties Kidney Patients Association (SCKPA)**

a/c No: **00008169** the sum of:

(amount in words) _____

and £ (in figures) _____.

Paid **on receipt** of this instruction

and then **Quarterly** on the **1st** day of **Jan, April, July** and **Oct** (*months*) thereafter until further notice.

Signed _____ Date _____

Reference: **SCKPA LOTTERY SUBS**

**Please complete and send this Form to: José Rico-Díaz, "Bienvenida",
155 Bicester Road, Aylesbury, Bucks. HP19 9BA**