

200 CLUB Application Form

MEMBERSHIP NUMBER (office use only)

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Name (to which cheque will be made out should you win)

Telephone no. _____ (daytime) _____ (evening)

Postal address (to which winnings will be sent)

I/we understand that **New Start** will forward the completed Standing Order Mandate to the bank indicated and that £2 will be taken from my/our account on the first of each month, or a sum of £24 to be paid annually via cheque (made payable to New Start) or Standing Order and paid into the 200 Club account until I/we advise the bank otherwise.

I/we agree that if we wish to cancel this order I/we will inform New Start of this decision.

Signature _____

Date: _____

**Please return this form to Lynda Ellis, New Start Charity, the Transplant Centre, Wythenshawe Hospital, Manchester, M23 9LT together with your Standing Order Mandate/cheque so we can update our records
THANK YOU FOR YOUR SUPPORT AND GOOD LUCK!**

STANDING ORDER MANDATE

Full Name:

Address:

Postcode:

Bank Name

Bank Address

Postcode

Sort Code No:

Your Account Number

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PLEASE PAY:

Recipients name

Wythenshawe Hospital Transplant Fund

Recipients bank and branch name

HSBC Altrincham

Recipients Sort Code No.

40-08-22

Date of first regular payment

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Payment Reference (Initial and Surname)

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Recipients Account No.

71709917

Amount and frequency thereafter

£2 monthly	
£24 annually	

Until further notice in writing

Signature _____

Date: _____