



## STANDING ORDER FORM

Title \_\_\_\_\_ Full Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Post Code \_\_\_\_\_

Telephone: \_\_\_\_\_

E mail: \_\_\_\_\_

Please pay Doctors Worldwide £ \_\_\_\_\_ per year **or** £ \_\_\_\_\_ each month until further notice, and debit my account:

**Bank Details:** Account number | | | | | | | | | |

Sort Code { | } { | } { | }

Start Date / / Signature \_\_\_\_\_

N.B. please choose a start date for payments one month from today

Please tick here if you would like Doctors Worldwide to reclaim the tax that you paid on all your donations to us since 6<sup>th</sup> April 2000 and any future donations you make.

I want the charity to reclaim tax on my donation. Yes  No  (tick as appropriate)

To Manager (name, branch and address of your bank) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***To National Westminster Bank (01-01-66) account no 36470244***

Thank You.

Send to:

Doctors Worldwide  
134 Wellington Road North  
Stockport  
SK4 2LL

N.B. Please note you must pay an amount of income tax and/or capital gains tax equal to the tax we reclaim on your donation.