

The League of Friends of Teddington Memorial Hospital
 Charity Registration Number 1130645
 Company Registration Number 06956467



The Heart of our Community

BANKERS ORDER FORM

To The Manager, Bank: _____ Bank PLC Address: _____ _____ Postcode: _____ Bank Sort Code: ___ - ___ - ___ Account Number: _____		
Pay to:	CAF Bank Limited, 25 Kings Hill Avenue, Kings Hill, West Malling, Kent, ME19 4JQ	40-52-40
For a/c:	The League of Friends of Teddington Memorial Hospital	00018829
The Sum of: £ ____ . ____ (Figures) _____ (Words) on the ____ day of _____ 20 ____ and a like sum (Minimum £5.00) *Annually on the ____ day of _____ ((Month) *Monthly on the ____ day of each month.		
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> *Please delete as appropriate </div>		
Name: _____ Address: _____ _____ Postcode: _____ Signature: _____ Date: _____		

NOTE: PLEASE CANCEL ANY PREVIOUS BANKERS ORDER TO THE LEAGUE OF FRIENDS OF TEDDINGTON MEMORIAL HOSPITAL or THE LEAGUE OF FRIENDS TMH.

WHEN COMPLETE PLEASE SEND THIS FORM TO:
 FREEPOST RTKJ-GCHT-HZJG, The Membership Secretary, The League of Friends, Teddington Memorial Hospital, Hampton Road, Teddington, Middlesex, TW11 0JL.

The League of Friends Contact Details: Website: www.friends-tmh.org.uk
 Email Address: info@friends-tmh.org.uk
 Membership Secretary: Ms Carole Andrews, Email: membership@friends-tmh.org.uk