## **Bankers Order Form**



Friends of Bristol Eye Hospital

Your Donation																			
Please pay Friends of Bristol Eye Hospital the sum of £																			
						every (delete as appropriate)					month			quarter			year		
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Your Bank																			
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Account Holder Name																		I	
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Our bank's details																			
Our Bank	Со-о	Co-operative Bank plc																	
Address	PO B	PO Box 250, Skelmersdale, WN8 6WT																	
Account	Frien	Friends of Bristol Eye Hospital																	
Sort Code	0	8	9	2	9	9	Acco	ount Numbe	er	6	7	1		9	4	7	3	9	

Please send this form directly to your bank or return it to:

Friends of Bristol Eye Hospital, Lower Maudlin Street, Bristol, BS1 2LX

Registered charity number 274349

www.fbeh.org