

Standing Order Mandate

Please insert the name and full address of your Bank or Building Society	To: _____ <div style="text-align: right;">Postcode _____</div>				
Beneficiary 's Bank And Branch	HSBC Bank Plc of 1 Woburn Place, London, WC1H 0LQ				
Sort code	40-06-07				
Beneficiary's Name	The Parkinson's Appeal				
Account Number	31389769				
Please pay The Parkinson's Appeal the sum of	£	(figures)	(words)		
Date of 1st Payment:	_____				
Frequency:	Monthly: _____	Quarterly: _____	Annually: _____		
Until either the/...../..... (insert date) or the order is cancelled					
Name on donors Account	_____				
Donor Account Number:	_____				
Donor Sort Code:	_____				
Signature	_____				
Date	_____				

Please tick the box if you are a UK taxpayer and would like the Parkinson's Appeal to claim GIFT AID on all your donations

Title (Mr/Mrs/Miss) Other	_____
First Name	_____
Surname	_____
Address	_____
Postcode	_____

Please return the completed form to:

The Parkinson's Appeal for Deep Brain Stimulation,
 15 Southampton Place,
 London WC1V 2AJ