



I WANT TO SUPPORT CEREBRAL PALSY SPORT

Registered Charity No. 1088600

Name: (Mr/Mrs/Miss/Other)

Address:

..... Postcode:

Tel No: Home..... Work:

By making regular donations by Standing Order

Name of Bank:

Address:

..... Postcode:

Name of Account Holder:

Account Number: Sort Code:

Amount: £ in words:

Please pay: Lloyds TSB, PO Box 349, First Floor, 53 King Street,
Manchester M60 2LE

Sort Code: 30 – 95 – 42 **A/c Number:** 4538136

For the credit of: CP Sport

Commencing: (date)

And thereafter every:date & frequency

Until (date): Amount: £ of last payment

Signed: Date: