



**Cheltenham Friends of the
SAMARITANS**
www.samsfriends-chelt.org

New Member Information

Name: _____

Address: _____

Postcode: _____

Telephone Number: _____ Mobile Number: _____

Email address: _____

Notes: _____

Standing Order Mandate

To: _____ Bank (Bank Name)
Address: _____ (Bank Address)

Postcode: _____

Please Pay

Amount in figures	Amount in words
£12.00	Twelve Pounds

On

Frequency	Date of first payment
Annually until further notice	Now

From

Account Number	Account Name
Sort Code	Ref No. (leave blank)

To Beneficiary

Account Number	Bank
1 3 0 4 1 4 4 1	HSBC MONTPELLIER
Sort Code	Beneficiary Name
4 0 - 1 7 - 0 9	Samaritans 250 Club

I hereby authorise the above payment. Please cancel any previous standing order or direct debit in favour of the above beneficiary.

Signed: Date:

Please return to: Mrs Sheila Kingswell - Friends of The Samaritans 250 Club
272 London Road, Charlton Kings, Cheltenham GL52 6HS