## STANDING ORDER MANDATE



[Please complete this ar	d send directly to your Bank or use the bank details below to set up a standing order on line]
Bank / Building Society	
Branch	
Account Number	Sort Code
Please debit my account	with the sum of £
on the	(start date) and on the (date, eg 1st) of each subsequent month / quarter / year
(delete as appropriate) u	ntil further notice and credit the account of: The New Chalfont St Peter Community Centre
Account 2 1 4 7 6 1	4 9 Sort Code 4 0 1 7 6 9
Full name	
Address	
	Postcode
Signature	Date
of marketing the Centre.	ses personal data for the purposes Please contact the Administrator IMUNITY CENTRE, GRAVEL HILL, CHALFONT SAINT PETER. SL9 90X
Chalfant St Dater Commu	nity Centre Re-Development Project
Reg Charity 1137306 Com	