



I would like to donate £_____ a month, and have completed the form below.

MONTHLY STANDING ORDER

Your full name:

Full postal address:

Post code:

Your contact phone no:

Name of Accountholder:

Name of your bank:

Address of your bank:

Postcode:

Account to be debited:

Account number: Sort code:

Please pay the Co-operative Bank, PO Box 250, Delf House, Skelmersdale, MN8 6WT, Pyramid Educational Trust (Registered Charity Number 1094939) Sort Code: 089299, A/C No. 65107692, monthly until further notice, the sum of £.....

Starting Date: / /

Signature: Date:

I am a UK tax-payer* (*please tick if appropriate)

Please send this form to:

Linda Dolan(Trustee)
Pyramid Educational Trust
Pavilion House
6 Old Steine
Brighton
BN1 1EJ