



6c St. Catherines Road, Southbourne, Bournemouth, Dorset, BH6 4AA
Tel: 01202 422087 Email: info@wessexhealthylivingcentre.org Website: wessexhealthylivingcentre.org

BANKERS ORDER

Please complete and return to:

WESSEX HEALTHY LIVING CENTRE, BEEKAY HOUSE, 6C ST CATHERINE'S RD, SOUTHBOURNE, BOURNEMOUTH, BH6 4AA
(Charity No. 274208) and we will forward it to your bank.

NAME OF BANK: _____

BRANCH ADDRESS: _____

_____ Post Code _____

ACCOUNT NO: _____ SORT CODE: ____ - ____ - ____

PLEASE PAY: Wessex Healthy Living Centre
CAF Bank Account No.00022064 Sort Code: 40-52-40

on the _____ day of _____ 20_____ the sum of
£ _____ (_____ POUNDS), **quoting the name below and registration no.**
_____, and the same sum on the same date* **annually**, until further notice, and debit my/our account accordingly.

FULL NAME: (Mr/Mrs/Miss/Ms) _____

ADDRESS: _____

_____ Post Code _____

SIGNATURE: _____ DATE: _____

*If you have filled in a Gift Aid Declaration, this date should be the same as, or later than, the date the form is signed.

FOR OFFICE USE ONLY: SIGNATURE _____

PATRONS: David Atkinson; Lord Janner Q.C.; Andrew Cutler D.B.Th; M.I.R.C.H.; Bryan Cassidy; Dr. Janet Boaler BM., BCh., FFARCS., MEM., Soc.Ac.; Christopher Button BSc., LCSPASSOC; Bob Lee, M.B.E.o.A.; Renata Lee M.G.P.M.P.; Gordon Lovelady F.C.A.; Dr. John Millward B.M., B.Ch.; Vicky Lee-Millward D.Hom., N.D.F.s.

FOUNDER & HON. LIFE PRESIDENT: Mrs. B. Klug, M.B.E. **HON. VICE-PRESIDENT:** Mrs. P. Sumeray

TRUSTEES: Mr. G. McNally JP - Chairman; Mrs. P. McNally; Mrs. J. Sparrow JP; Mr. D. Cook F.F.A. I.C.P.A. F.I.A.B. - Secretary & Accountant

MEDICAL ADVISER: Andrew Cutler, D.B.Th; M.I.R.C.H. **MANAGER:** Lorna Evliyaoglu Registered office as above Registered No. 05097465 Registered Charity No. 274208