

# FRIENDS OF TREGOZE MONTHLY DRAW

Please return this half of the form to:

The school office or Vanessa Gardiner (Tommy's Mum)

NAME (DR, MR, MRS, MISS, MS)	FORENAME	SURNAME
ADDRESS	POSTCODE	
TELEPHONE NUMBERS	HOME	MOBILE
E-MAIL ADDRESS		
Name of child(ren) in school and your relationship to them	NAME	RELATIONSHIP

Please tick this box if you AGREE to your name being published in the school newsletter in the event of winning a prize.

Please complete the appropriate method of payment and start date below

PAID BY STANDING ORDER  
£4.00 per month

REQUESTED START DATE: .....

**PLEASE SEND THIS HALF OF THE FORM DIRECTLY TO YOUR BANK OR USE THE INFORMATION BELOW TO SET UP THE STANDING ORDER ONLINE**

## STANDING ORDER MANDATE

NEW INSTRUCTION

To ..... Bank plc ..... Branch

Please pay:

Sort Code: 20-84-58	Beneficiary's Account Number: 90372463	Beneficiary's Name: FRIENDS OF TREGOZE MONTHLY DRAW
Payment: £4.00	Start Date (Please Complete):	Frequency: 3 <sup>RD</sup> DAY IN EACH MONTH
Account to be debited (name(s) in which account is held):	Account Number:	Reference (Your Name):

SIGNATURE(S)

PRINT NAME

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