

Yes, I want to give a regular gift to DWIB Leukaemia Trust

Bank Standing Order Form

(PLEASE USE BLOCK CAPITALS)

Your details

Title _____ Forename _____

Surname _____

Address _____

Telephone/Mobile _____

Email _____

Your bank details

To The Manager (Bank name) _____

Bank Address _____

Account name _____

Account number

Sort code/Branch _____

Your donation details

I would like to donate **¢20,000** **¢100,000**
Please tick Please tick

¢200,000 **¢500,000** Or

¢ _____ per month

Please complete
until further notice.

Starting on ____ / ____ / ____
(Please allow 28 days before your first donation)

For the credit of **DWIB Leukaemia Trust**

Signature _____

Date: _____

I would prefer not to make a regular gift but please
accept my **¢**
donation



Please complete and return this form to
DWIB Leukaemia Trust or post to:
P.O. Box 14031, GP. Accra

website: www.dwib.org, email: dwib@dwib.org, Tel: +233 021 763 361