

Donation Form

Standing Order Form



Integrating Treatment and Research

1 Title _____ Forename _____ Surname _____
Address _____
_____ Postcode _____
Telephone _____
Email Address _____

2 TO THE MANAGER
Bank/Building Society _____
Branch Address _____
Postcode _____

3 NAME OF ACCOUNT HOLDER(S)
Title _____ Forename _____ Surname _____
Account Number _____
Branch Sort Code _____

4 Please arrange to debit my/our account with the sum of £ _____ on the _____
day of each month until further notice starting on _____

5 PAY TO: HSBC, 2 Chiswick High Road, London W4 1TH
ACCOUNT: M.E. SOLUTIONS, ACCOUNT NUMBER 01418645 BRANCH CODE 40-02-12

6 Please tick below if you'd like M.E. Solutions to reclaim tax on your gift
 Please treat this and any further donation I make to M.E. Solutions as Gift Aid donations

7 Signature _____ Date _____

Office Use Only: HSBC, 2 Chiswick High Rd ,London W4 1 TH

Bank Reference Number _____

Please return this donation form to the following address:
Suite 33, 10 Barley Mow Passage, Chiswick, London W4 4PH Tel: +44 (0)20 8995 4152
Fax: +44 (0)20 8994 1533 Email: info@mesolutions.org.uk Web: www.mesolutions.org.uk
ME Solutions registration Charity No: 1113794