



Giant Schnauzer Health Fund
Single Membership Donation

Office Use Only
ID:

Return completed form to the Treasurer:
GSHF, Red House, Long Drax, Selby, YO8 8TD
01757 611130 Email: treasurer@giantschnauzerhealth.org.uk

PRINT CLEARLY IN BLOCK CAPITALS \*Delete where applicable

Application Type: New Membership [ ] Membership Renewal [ ]

Title: Mr/Mrs/Miss/Ms/Other\* .....

First Name(s).....

Surname(s).....

Address .....

Town.....County.....

Post Code .....Tel No.....

Email Address.....

Method of Donating:

Cheque [ ] Standing Order [ ] Bank Transfer [ ] Cash [ ]

Amount: £\_ \_ . \_ \_ ( £10 Minimum) Payable to: Giant Schnauzer Health Fund

If you have online banking facilities you may set up an annual or one off online bank transfer to the Giant Schnauzer Health Fund (contact the treasurer for bank details) please make the first donation now and any subsequent ANNUAL donations on 1st JANUARY. Please reference any payments as "GSHF" followed by your POSTCODE to enable us to identify your donation.

Signed .....Date .....

Details will be kept on file by the GSHF for administration purposes only



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PLEASE COMPLETE IF YOU WISH TO PAY BY STANDING ORDER (OPTIONAL)

This mandate cancels and replaces any previous Standing Order to the Giant Schnauzer Health Fund

Name of Bank .....

Full Postal Address of Branch .....

Name of Account Holder(s) .....

Account number [ ][ ][ ][ ][ ][ ][ ][ ][ ] Sort Code [ ][ ][ ][ ][ ][ ]

Please pay by Standing Order: Giant Schnauzer Health Fund, NatWest, Goole Branch, 13 Boothferry Rd, Goole, DN14 5DG

Account Number & Sort Code: .....

(please contact the treasurer for Giant Schnauzer Health Fund bank details)

£ \_ \_ . 00 (Amount in figures) .....POUNDS (Amount in Words)

First payment: Pay Immediately [ ] OR Pay on (Date).....

Date of subsequent payments: 1st JANUARY

Frequency: ANNUALLY until further notice

PAYMENT REFERENCE: GSHF .....

(PLEASE ADD YOUR POSTCODE AS PAYMENT REFERENCE TO ENABLE IDENTIFICATION OF YOUR TRANSACTION)

Name in Full (Block Capitals) .....

Address .....

Town.....County.....

Post Code .....Tel No.....

Email Address.....

Signature.....Date .....

Signature.....Date .....

IMPORTANT: WHEN PAYING BY STANDING ORDER

- 1. DETACH AND SEND THIS PART OF THE FORM TO YOUR BANK
2. COMPLETE AND SEND THE REMAINING PART OF THE FORM TO THE TREASURER