



Mailing Address:
Nissi in Health
P.O. BOX 36252
SE19 3UW

Registered Charity
No. 299242

Standing Order Mandate

To the manager.
Your bank details:

Bank: _____

Address: _____

Please pay:
Nissi in Health, 6 Victoria Street, Nottingham NG1 2FF
Sort Code: 40-35-18 Account No: 61653466

Amount: £ _____

Amount in words: _____

Frequency: (Please tick)

Annual 6 Months 3 Months Monthly _____

Date of first payment _____ and direct my account accordingly.

Please cancel all previous Standing Order/Direct Debit to Nissi in Health.

Name of account to be debited: _____

Sort Code: _____ Account Number: _____

Signature: _____ Date: _____

Please treat as a Gift Aid Donation: Yes No

I pay tax: Yes No

Name of Donor: _____

Address: _____
