

**LAMB HEALTH CARE FOUNDATION**

Please send this form direct to your bank.  
Also please send an email to [enquiries@lhcf.org.uk](mailto:enquiries@lhcf.org.uk) advising us of the regular payment that you are setting up.

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**BANKER’S ORDER**

To: The Manager

(Please insert name  
and address of your  
bank/building society)

Please pay to the LAMB Health Care Foundation at The Co-Operative Bank  
(sort code 08 92 99; account no. 65403163)

the sum( in words) of ..... pounds (£ )

on 1st of (insert month) 20 . .

and a similar sum on the first day of every month\*/quarter\*/year\* thereafter  
\* please delete as appropriate

until further notice and debit my account no ..... accordingly.

Signed :

Date:

Name in capitals :

Address :