



Friends of Moorfields

E Y E H O S P I T A L

BANKER'S ORDER

When completed, please return this form to: **The Administrator, Friends of Moorfields, Moorfields Eye Hospital, 162 City Road, London EC1V 2PD**

Name of Your Bank:

Your Bank's Address:

.....

Post Code:

Sort Code: - - Account No.

<p>FOR BANK USE ONLY: Please pay to the account of The Friends of Moorfields (REGISTERED CHARITY NUMBER 1161546) at Barclays Bank PLC, 155 Bishopsgate, London EC2M 3XA</p> <p>Sort code 20 – 77 – 67 Account number 50360910</p> <p>Payment Reference: _____</p>
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The sum of £..... (in words:)

Date of First Paymentand then

annually / quarterly / monthly (please delete as appropriate) until further notice

Your signatureDate:

Your Name

Address

.....

..... Post Code

<p>THIS REPLACES ANY EXISTING BANKER'S ORDER IN FAVOUR OF THE FRIENDS OF MOORFIELDS</p>
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