

<b>Membership number</b>				
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Full name to which the cheque will be made payable to when you win!

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Contact telephone numbers

Day time \_\_\_\_\_ Evening \_\_\_\_\_

Postal address to which your winnings are to be sent,

**House number and street** \_\_\_\_\_

**Town** \_\_\_\_\_

**County** \_\_\_\_\_

**Post code** \_\_\_\_\_

I/ we understand that Imber 200 will forward the completed standing order mandate form to the bank indicated and that £2 will be taken from my/ our account on the first Tuesday of each month and paid into Imber 200 account until I/ we advise the bank otherwise.

I/ we further agree that if we should cancel this order I/ we shall also inform Imber 200 of this decision immediately.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please return this form to Imberhorne School, together with Imber 200 Form 201 (Standing Order Mandate) so that we can keep our records up to date and to ensure that your number(s) are entered into the draw.

**Thank you for your support and good luck!**