

# **BANKERS ORDER**

Please print details clearly



**DEAFBLIND  
SCOTLAND**

## **YOUR NAME AND ADDRESS**

Surname:	
First names:	
Address:	
	Postcode:

## **NAME AND ADDRESS OF YOUR BANK**

Bank name:
Address:
Postcode:

## **PLEASE PAY DEAFBLIND SCOTLAND**

£	Each Month/Quarter/Year (Please delete as appropriate)
<b>STARTING ON</b> (allow one month from today)	
Until you receive further written notice	

## **YOUR ACCOUNT NUMBER**

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## **YOUR SIGNATURE**

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## **YOUR SORT CODE**

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## **TODAY'S DATE**

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## **GIFT AID: We may be able to increase your gift by 28%!**

### **Please tick:**

I am a UK taxpayer and would like Deafblind Scotland to get back the tax I have paid on these donations.

## **FOR BANK USE Please pay the sum shown above to:**

Deafblind Scotland c/o Royal Bank of Scotland (Lenzie Branch) Gleneden Court Lenzie G66 4LW
Acc no: Sortcode:

Tel/text: 0141 777 6111 Fax: 0141 775 3311  
Email: [info@deafblindscotland.org.uk](mailto:info@deafblindscotland.org.uk)  
Web: [www.deafblindscotland.org.uk](http://www.deafblindscotland.org.uk)  
Scottish Charity No. SC 031167 Company Reg. No. 216974  
Chair: Robert Nolan Chief Executive: Andy Tait  
24-HOUR FREE HELPLINE **0800 132320**  
For deafblind people and those who support them  
- do use us for help, information