

STANDING ORDER FORM

If you would like to set up a standing order to support Jersey Action Against Rape, please fill in this form, using block capitals and returning it to your Bank.

PLEASE COMPLETE & SEND TO YOUR BANK

WE NEED YOUR		Thank you	TO HELP	
Signed: (If applicable o	e.g. a join	t bank account)		
Signed:				
Account Number:	682964	468		
Sort Code:		30-94-61		
Account Name:	Jersey	Action Against Rape		
Lloyds Bank:	Broad	Street, St Helier, Jersey		
Commencement Date	·	un	til further notice to:	
How Often: monthly o	or annuall	y (please circle)		
Please transfer the su	m of: GBP)		
Sort Code:				
Account Number:				
Account Name:				
Bank Address:				
Bank Name:				
To The Manager				
Telephone:				
Email:				
Your Address:				
Your Name:				

J.A.A.R (Jersey Action Against Rape)

Member of Association of Jersey Charities: number 430

Non Profit Organisation: number 0951

Telephone: 01534 482801

PO Box 782 Jersey JE4 OSQ

www.jaar.je