



Charity No 1112955
Tel: 0870 745 4781 Fax 0870 745 4785

(BLOCK CAPITALS PLEASE)

FTH. PARTNER FORM	
First Name:	Surname:
Address:	
Post Code:	
Email Address:	Tel No:

Please Tick

I would like to become a partner with Feed the Hungry

I would therefore like to donate £____.____pence per month

I would like to do this *each month* by:

- Standing order
- Credit card payment
- Cheque

I enclose my first payment of £____.____pence.

Please deduct from my credit card on the ____ day of every month until further notice the sum of £____.____pence

My details are:

Type of Card: _____ Visa / Master Card etc. (No Electron or American express)

____ / ____ / ____ / ____ (Please print clearly)
(Long number across face of card)

Valid from: _____ Expiry date: _____ Name on card: _____

Security number: ____ (Last 3 digit number on reverse side of card) Issue No: ____ (if req)

Signed: **Date:**200.....