





Williams Syndrome Foundation  
Suite 2367, 145 – 147 Boston Road  
London W7 3SA

**DIRECT DEBIT PAYMENTS**

I/We have completed a Direct Debit instruction and wish to make regular payments to the Williams Syndrome Foundation as follows:

Amount:

Membership Subscription	£10.00
Additional Donation	£ .....
Total	£ ..... p.a.

Payment Date: \*\*\*

I/We understand that the above amount will be claimed on the 1<sup>st</sup> February of each year in accordance with the Direct Debit Guarantee.

Signature(s) .....

.....

Date .....

**Direct Debit payments will start**  
**1st February 2017**  
**Please pay 2016 subscription by bank transfer if you miss this date**  
**Bank Details**  
**Sort code 40-52-40**  
**Account 00023062**  
**Name Williams Syndrome Foundation**  
**Reference- please use your surname**