





Write to us: Box 103, 5 Charter House, Lord Montgomery Way, Portsmouth  
PO1 2SN

Williams Syndrome Foundation  
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**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 2026**

**Please pay 2025 subscription by bank transfer**

**Bank Details**

**Sort code 40-52-40**

**Account 00023062**

**Name Williams Syndrome Foundation**

**Reference- please use NEW + your surname**

By providing us with your personal data, you consent to the terms and conditions of our privacy notice available on [www.williams-syndrome.org.uk](http://www.williams-syndrome.org.uk)