

ProLife Alliance

Application for Membership

TITLE	FIRST NAME
SURNAME	
ADDRESS	
POSTCODE	
TEL	
FAX	
EMAIL	
CONSTITUENCY	

ANNUAL MEMBERSHIP £15

I WISH TO MAKE A DONATION OF:

£1000
 £500
 £250
 £100
 £50
 OTHER £ _____

(if you wish to make a donation of over £5,000 please ring ProLife Alliance)

I ENCLOSE A CHEQUE* FOR £ _____

*please make cheques payable to ProLife Alliance. Please consider paying membership and/or making a regular donation by standing order.

PLEASE REMOVE ME FROM YOUR DATABASE

PLEASE SEND THE COMPLETED FORM TO:
ProLife Alliance, PO Box 13395, LONDON SW3 6XE

OFFICE USE ONLY:

CHQ / CASH / POSTAL ORDER – AMOUNT ENC £ _____

EMAIL ADDED RC DET SNT

TY SNT Y N DATABASE UPDATED

DATE BO TO BANK: _____

ProLife Alliance

Banker's Order Form

TO THE MANAGER OF MY BANK Date _____

Name of my bank _____ Bank plc

Address _____

Postcode _____

Please pay ProLife Alliance, account no. 71276840 (sort code 40-04-10) at HSBC, 202 Sloane Street, London. SW1X 9RG the sum of

_____ [in words]

£ _____ [in figures]

every month/quarter/year* starting on ____ - ____ until further notice. [*delete as appropriate]

Please debit my account no: _____ Sort code: ____ - ____

Name [CAPITALS PLEASE] _____

Address _____

Postcode _____

Signed _____

