

**Helping The Health Clinic and Autonomous Schools  
in the Zapatista Autonomous Municipality '16 February'**

Our Organisation would like to help support the health clinic and autonomous schools, and participate in the twinning with the zapatista autonomous municipality of 16 February.

Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Tel No \_\_\_\_\_ email \_\_\_\_\_

We enclose an annual donation of £25 £50 £75, other £\_\_\_\_\_ (circle as appropriate)

We enclose a 'one off' donation of £\_\_\_\_\_

We have completed and sent to our bank a standing order form for £ \_\_\_\_\_ per month payable until \_\_\_\_\_

We enclose a message of solidarity for 16 February municipality \_\_\_\_\_ (tick if applicable)

**PAYMENT DETAILS**

You can pay by cheque. Cheques should be made payable to Edinburgh Chiapas Solidarity Group and sent to Edinburgh Chiapas Solidarity Group, c/o 17 West Montgomery Place, Edinburgh EH7 5HA Scotland, or by completing the standing order below and sending to your bank.

Please complete and return the above section to Edinburgh Chiapas Solidarity Group, c/o 17 West Montgomery Place, Edinburgh EH7 5HA Scotland

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Instruction to your Bank/Building Society to pay by Standing Order

To \_\_\_\_\_

\_\_\_\_\_  
(your own bank, with branch, name and address)

Pay to: Edinburgh Chiapas Solidarity Group, Account to be credited: NO: 60129411 Sort Code: 82-45-05, Clydesdale Bank, 20 Hanover Street, Edinburgh

Amount \_\_\_\_\_ Please make the aforementioned payment commencing on or

about the \_\_\_\_\_ and each month thereafter until \_\_\_\_\_ or until further notice from me/us in writing.

Customer(s) full Name \_\_\_\_\_ Account No: \_\_\_\_\_

Other instructions \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_