



IMNDA  
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# Regular Standing Order

**Can you give a little each month to help someone living with Motor Neurone Disease?**

There is no minimum amount – every Euro makes a real difference to someone with MND.

By donating €21 or more a month the IMNDA will benefit from tax relief from the Irish Government. This makes the value of your donation considerably greater than your original contribution.

**Please complete your contact details below and branch details overleaf and send it to:**

**IMNDA, Coleraine House, Coleraine Street, Dublin 7.**

The IMNDA will process your information and forward the form to your bank. The first donation will come out of your account on the date you specify (allowing for bank processing).

Alternatively use the bank details on this form to setup your Standing Order directly via online or telephone banking (please use your name as a reference) - then contact us to advise us of your donation as we would like to say thank you.

Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Phone Number: \_\_\_\_\_

Your Email Address: \_\_\_\_\_

Please tell us why you're supporting the IMNDA \_\_\_\_\_

Thank you so much for your support

IRISH MOTOR NEURONE DISEASE ASSOCIATION

STANDING ORDER Set Up Form
NURSE ACCOUNT

To the Manager

[Empty text box for Manager name]

Branch Address

[Empty text box for Branch Address]

I /We hereby authorise and request you to debit my/ our account
(Details of the account from which payments will be made)

Account Name:

[Empty text box for Account Name]

BIC (optional from Feb 1st 2016)

[Empty grid for BIC code]

IBAN

[Empty grid for IBAN]

and to Credit the Beneficiary/Receiver account
(Details of the account to which payments will be made)

Account Name:

IMNDA NURSE SPONSORSHIP

BIC (optional from Feb 1st 2016)

AIBKIE2D

IBAN

IE32AIBK93131407725358

YOUR NAME

[Empty grid for YOUR NAME]

Reference will appear on Beneficiary /Receiver statement

Start Date (cannot be historic)

[Empty grid for Start Date]

Frequency

Weekly

[Empty box for Weekly frequency]

Fortnightly

[Empty box for Fortnightly frequency]

Monthly

[Empty box for Monthly frequency]

Quarterly

[Empty box for Quarterly frequency]

Annually

[Empty box for Annually frequency]

Other

[Empty box for Other frequency]

Number of Payments Amount

[Empty grid for Number of Payments]

[Empty grid for Amount]

Signature

[Empty box for Signature]

Date

Signature

[Empty box for Signature]

Date

Please allow 5 working days prior to the first payment due date.

PLEASE SEND COMPLETED FORM TO THE IMNDA OFFICE

THANK YOU