



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 \_\_\_\_\_

I wish to receive the IMNDA magazine

Connect by post:

Yes \_\_\_\_\_ No \_\_\_\_\_ (Please tick one)

I wish to receive emails about the IMNDA's  
future activities:

Yes \_\_\_\_\_ No \_\_\_\_\_ (Please tick one)

Thank you so much for your support

IRISH MOTOR NEURONE DISEASE ASSOCIATION

STANDING ORDER Set Up Form

MAIN ACCOUNT

To the Manager

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:

BIC (optional from Feb 1<sup>st</sup> 2016)

IBAN

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

Account

Name: IRISH MOTOR NEURONE DISEASE ASSOCIATION

BIC (optional from Feb 1<sup>st</sup> 2016)

AIBKIE2D

IBAN

IE32AIBK93131407725002

YOUR NAME

Reference will appear on Beneficiary /Receiver statement

Start Date (cannot be historic)

Frequency

Weekly

Fortnightly

Monthly

Quarterly

Annually

Other

Number of Payments

Amount

Signature

Date

Signature

Date

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

PLEASE SEND COMPLETED FORM TO THE IMNDA OFFICE

THANK YOU