

Standing Order Form

To: The Manager

Bank:

(Name of your bank or building society)

Branch address:

*Sort Code:

*Account Number:

I wish to donate a monthly amount of:

*Other amount € _____ per month

*Commencing on __/__/__

Regular Donation

Payroll Giving

Please pay the Irish Motor Neurone Disease Association AIB Bank, Smithfield,
Dublin 7, Account No. 07725358 Branch Code 93-13-14

Name:

Address:

Phone:

Email:

Signature:

Date:

Note: You may stop this standing order at any time by contacting your bank

Please tick this box if you are a PAYE tax payer

Sponsor ref: (office use only)