



IMNDA
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Marshalsea Court
22/23 Merchants Quay,
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fundraising@imnda.ie
CHY: 8510

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, Unit 3, Ground Floor, Marshalsea Court, 22/23 Merchant's Quay, Dublin 8.

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)
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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 1st
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 1st
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