



DONATION FORM

Please print out this form, complete it in ink and send to the address below.

Fundraising Department
Merchants Quay Ireland
10 Newmarket
Dublin 8

Name

Address

Signature _____

Date _____

I wish to donate:

€25 €50 €100 €250 €500

Other: _____

By:

Postal Order Cheque
 Standing Order Direct Debit

Card No: _____

CVC No (last 3 digits on signature strip): _____

Expiry Date: _____

Debit my card

now only
 now and every months

STANDING ORDER FORM - BECOME A REGULAR DONOR

To the manager of (your bank)

Address

Bank sort code: - -

Please pay Merchants Quay Ireland

Account Number:11870-057

Sort Code:93-12-09

Bank: Allied Irish Bank, 7-12 Dame Street, Dublin 2.

The sum of €

Each month quarter year

Starting on __ / __ / __ until further notice

and debit my account No. _____

Signature _____

Date _____