## **STANDING ORDER**



1) Please write the name and address of your bank.	To the Manager								
	Bank Name							,	
Please note standing orders can only be set up using a current account.	Address								
	Postcode								
	Ref: 80 - 2 -				Our ref:				
	Please pay Meningit at Bank of Ireland of			on a/c n	o. 7031	7986, s	ort co	de 90-0	1-99
2) Please write the sum of money you are donating and the date of the first payment.	The sum of								
	Starting from								
3) Please tick the frequency you wish to donate.	And the same sum, on the same day, as specified below until further notice								
	Monthly		Quarterly			Annu	ally		
4) Please write your bank account number (a 7 or 8 digit number).	My bank account no	).							
5) Please write your bank sort code (a 6 digit number).	My bank sort code								
6) Please write your personal details here.	Title	Full nar	Full name						
	Address								
	Postcode								
	Tel (Day) Email								
7) Please sign and date the form.	Signature								
	Date								
8) Do you have personal experience of meningitis and septicaemia?									
9) If you have been bereaved as a result of these diseases let us know, and we can record the donation in their memory.									
10) Please return the form to the address pr	rovided (this is display	ed on the	e page on ou	r websit	e that p	roduce	d this f	orm).	
DATA PROTECTION STATEMENT  Any information you provide will/may be heleservices offered by ourselves or by selected these communications please tick the approximations.	third parties. This ma								
No future contact by Meningitis Re	esearch Foundation								
No future contact by 3rd party par	tners								

