

REQUEST FOR A STANDING ORDER

To: The Manager

Bank: _____

Branch: _____

Please charge to my Account - A/C Number

S/o
Category

Name of Account: _____

Draw Membership No: Payment A/C Ref No _____
(For office use only)

Beneficiary Name: CLARE HOSPICE DRAW

Beneficiary A/C Designation:
Bank of Ireland, Bank Place, Ennis, Co. Clare

Beneficiary Bank

Sort Code No:

9 0 4 2 1 0

A/C No:

1 8 5 7 0 2 3 9

The amount stated below at the specified intervals:

Monthly	Quarterly	Yearly
€5.51	€16.51	€66.04

(Please circle the option preferred)

Start Date:

Date Month Year Amount in words:

Signed: _____

Address: _____

Promoter: CHARITY KINDLY WAIVE COMMISSION

Please return to:

Clare Hospice Draw, Fundraising Office, Cahercalla Community Hospital & Hospice, Cahercalla, Ennis, Co. Clare Ph (065) 682-1966

When completed, it is **very important** to return this form to the **Clare Hospice** draw Office at the above address and **not to your bank**. When you have been allocated your **draw number**, the form will then be sent to your bank