## Sign up to a monthly donation and help make a difference to Families of sick Children



## **Standing Order Form**

То:	М	Α	N	Α	G	Ε	R											
Bank Name:																		
Bank Address:																		
You are authorised to set up a Standing Order on my / our account as specified below. Please charge to my / our account																		
Donor Name:																		
Donor Address:																		
Donor Account	Nur	nbe	r: [															
Donor Sort Cod	e:																	
Donor IBAN:																		
Donor BIC:																		
Date:																		
Signature:																		
Creditor Name:	R	0 1	N A	L	D	I	4 C	D	0	N .	A L	. D		Н	0	U	S	Е
Creditor Address:	Α	I E	3	G	R	A	FT	0	N		S T	R	Е	Е	Т			
	D	U B	L		N	2												
Creditor IBAN:		E 5	5 7	Α		ВК	9	3	1 0	4	7	6	5 9	1	6	1	0	9
Creditor BIC:	Α		В	K	I	Е	2	D										
Amount:	€10		€15		€20	0	€3	0	]€5	0	Ot	her: <sub>-</sub>			_			



Keeping families close