PLEASE RETURN TO

Medical Missionaries of Mary

Beechgrove, Hardman's Gardens, Drogheda,
Co. Louth, Ireland A92 XKX0 Tel: 353-1-2887180

WE WILL SEND IT TO YOUR BANK

EURO Standing Order Form

To Bank: _____

Address of Bank: _____

_____

Bank Sort Code: ☐☐ ☐☐ ☐☐

Bank A/c Title: _____

Bank A/c No: ☐☐☐☐☐☐☐☐

BANK INSTRUCTIONS

Please debit my/our account in the amount of:

€10 ☐ €15 ☐ €21* ☐ *This monthly amount is tax efficient

or other amount €.....

Please choose a date between 6th and 22th of the month

to commence on .....and

payable each month ☐ thereafter on the due date until cancelled by me / us in writing:
quarter ☐
year ☐

and credit to the account of:

Medical Missionariesof Mary
Bank of Ireland, Ballsbridge, Dublin 4
Account Number: **62835417** Sort Code: **90-12-12**
IBAN: IE88 BOFI 9012 1262 8354 17 BIC: BOFIIE2D

Signed.....*Authorised Account Signatory* ***Date***.....

Signed.....*Authorised Account Signatory* ***Date***.....

Name: _____

Address: _____

_____

If you would like your gift to go towards the work of a particular Mission [or Sister],

Please Specify: .....

You may cancel your standing order at any time by contacting your bank. You may request that MMM remove your banking details from our records at any time. See contact details above.