



Standing Order Donation Form – Please take this to your bank

I authorise the amount of €_____ to be debited on _____(date)

and thereafter payments to be made on the same of each subsequent

Week Month Year

to the Allied Irish Bank, Lower Rathmines Road, Dublin 6 for the credit of The Carers Association Ltd. Account No. 21509087 Sort Code 93-10-98 accordingly until this instruction is cancelled or amended by me.

Your Banking Details:

Bank: _____ Branch: _____

Bank Address or Branch Code: _____

Please Debit My Account No: _____ Sort Code: _____

Signature: _____ Date: _____

Name: _____

Address: _____

Important

So that we can acknowledge your kindness and keep accurate records of the sources of our donations, please advise The Carers Association that you have made this special gift by contacting us.

Emma J. Murphy
National Fundraising Manager
Market Square
Tullamore
Co. Offaly
Telephone: 057 9322920
Email: fundraising@carersireland.com
Fax: 057 9323623