

Standing Order Form (for use in Ireland only)

Title: Mr/Mrs/Miss/Ms/Other _____ Name

Address

Town County

Telephone Mobile

If you are happy to be contacted via your mobile please tick here

Email

If you are happy to be contacted via your email please tick here

This donation is in memory of _____

Reason for choosing to donate to the Meningitis Trust

I have had the disease Family member has suffered from the disease
 Just wanted to support a charity Other (please state) _____

Please pay the **Meningitis Trust €5** each month (tick box)

Or my preferred amount of € _____ each month until further notice, and debit

Account Number

Names(s) of Account Holder(s)

Bank sort code - -

Starting on / / (Please allow one month from today) until further notice

Signature(s) _____ Date _____

To Manager (Bank name and address)

Please pay **MENINGITIS TRUST**, Sort Code 90-10-87, Account Number 74633302 in accordance with this Standing Order Form.

Bank Reference Number

Please tick this box if you do not require an acknowledgement of your donation.

Please return this donation form to the address below:

Meningitis Trust, PO Box 102, Bray, Co Wicklow

Thank you for your support

We promise not to release your information to anyone else. Your details will be used by the Meningitis Trust Charity and Meningitis Trust Trading only. We may like to contact you in the future (including by telephone) about the Meningitis Trust's activities, including news and information on how your money is spent. If you would rather not receive these communications please let us know.