



REQUEST FOR STANDING ORDER

RF-FR-11

Revision 02 issued 21/10/14

To: *The Manager*

Bank:

Branch: Date:

Please charge to my Account:

A/C Number:

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Name of Account:

And pay to:

Name of Account: *Galway Hospice Fund Draw*

Bank: *Bank of Ireland*

Branch: *Mainguard Street, Galway.*

Swift Address: **BOFIE2D**

IBAN: **IE78BOFI90379588512376**

The Amount Stated below at the specified intervals:

Frequency:	Monthly	Quarterly	Yearly
Amount:	€5.51	€16.51	€66.04

Day of month (if appropriate)

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Commencing with first payment:

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Date Month Year

Amount in words:

Signed:

Address:

Promoter:

CHARITY: KINDLY WAIVE COMMISSION

Please return to: Galway Hospice Foundation,
Renmore,
Galway. Phone: (091) 770868
www.galwayhospice.ie

