

# REQUEST FOR STANDING ORDER

RF-FR-11  
Revision 02 issued 20/12/16



To: *The Manager*  
 Bank: .....  
 Branch: ..... Date: .....

**Please charge to my Account:**

Account Number:   
 IBAN:   
 BIC:   
 Name of Account: .....

**And pay to:**

Name of Account: *Galway Hospice Draw Account*  
 Bank: *Bank of Ireland*  
 Branch: *Mainguard Street, Galway.*  
 N.S.C. 903795

Account Number:   
 IBAN:   
 BIC:

**The Amount Stated below at the specified intervals:**

Please circle one		
Frequency:	Monthly	Quarterly
Amount:	€5.51	€16.51
		Yearly
		€66.04

Commencing with first payment: Date Month Year

Amount in words: .....

Signed: .....

Address: .....

Please return to: Galway Hospice Foundation,  
 Dublin Road,  
 Renmore, Galway.  
 Phone: (091) 770868  
 www.galwayhospice.ie Charitable Status Number: CHY8837

**Office Use Only**

Promoter: .....

Draw Membership number/Bank Reference



# REQUEST FOR STANDING ORDER

RF-FR-41



To: *The Manager*

Bank: .....

Branch: ..... Date: .....

**Please charge to my Account:**

Account Number:

IBAN:

BIC:

Name of Account: .....

**And pay to:**

Name of Account: *Galway Hospice Fund Ltd Donations*

Bank: *Bank of Ireland*

Branch: *Mainguard Street, Galway.*

N.S.C. 903795

Account Number:

IBAN:

BIC:

**The Amount Stated below at the specified intervals:**

Frequency:	Weekly	Monthly	Quarterly	Yearly
Amount:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Day of month (if appropriate)

Date      Month      Year

Commencing with first payment:

Amount in words: .....

Signed: .....

Address: .....

*Charity: Kindly Waive Commission*

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

Charitable Status Number: CHY8837

