

IRISH LUNG FIBROSIS ASSOCIATION
STANDING ORDER REQUEST FORM

TO: The Manager

BANK ADDRESS: _____

You are authorised to set up a Standing Order on my/our account as specified below. My/our account will at all times contain sufficient funds to enable each payment to be effected on the due date.

SIGNED: _____ DATE: _____

ADDRESS: _____

ACCOUNT NAME: _____

ACCOUNT NO. _____

BANK SORT CODE: _____

Please pay to:

THE IRISH LUNG FIBROSIS ASSOCIATION

BANK SORT CODE: 90 – 13 – 51

ACCOUNT NUMBER: 89466930

AMOUNT: _____

FREQUENCY: (weekly/monthly/yearly) _____

COMMENCING ON (date) _____

EXPIRY DATE (if required) _____

Please print this form and return it duly completed to :

THE TREASURER, ILFA, 4 TRAFALGAR TERRACE, MONKSTOWN, CO. DUBLIN

THANK YOU FOR DECIDING TO DONATE TO THE IRISH LUNG FIBROSIS ASSOCIATION