

PLEASE RETURN TO

Medical Missionaries of Mary

Rosemount, Rosemount Terrace, Booterstown,
Blackrock, Co. Dublin, Ireland • Tel: 353-1-2887180

WE WILL SEND IT TO YOUR BANK

STERLING Standing Order Form

To Bank: _____

Address of Bank: _____

Bank Sort Code:

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

Bank A/c Title: _____

Bank A/c No:

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

BANK INSTRUCTIONS

Please debit my/our account in the amount of:

| | | | | | | | |
|------------|--|------------|--|------------|--|------------|--|
| £10 | | £15 | | £20 | | £25 | |
|------------|--|------------|--|------------|--|------------|--|

or other amount £.....

please choose a date between 6th and 22th of the month

to commence on and

payable each month thereafter on the
 quarter due date until
 year cancelled by me/us
 in writing:

and credit to the account of:

Medical Missionaries of Mary

Bank of Ireland, Trevor Hill, Newry, Co Down

Account Number: **12318032** Sort Code: **90-23-38**

IBAN GB10BOFI90233812318032 BIC (Swift) BOFIGB2B

Signed..... **Date**.....
Authorised Account Signatory

Signed..... **Date**.....
Authorised Account Signatory

Name: _____

Address: _____

If you would like your gift to go towards the work of a particular Mission [or Sister],

Please Specify:

You may cancel your standing order at any time by contacting your bank. You may request that MMM remove your banking details from our records at any time. See contact details above.