

Donation Form



THE ALZHEIMER
SOCIETY *of* IRELAND

Please complete the form and return it to:

The Alzheimer Society of Ireland
National Office
Temple Road
Blackrock
Co. Dublin

T. (01) 207 3800 F. (01) 210 3772

E: fundraising@alzheimer.ie W: www.alzheimer.ie

Name (Mr/Mrs/Ms/other): _____

Company Name (if applicable): _____

Address Line 1: _____

Address Line 2: _____

Address Line 3: _____

City: _____ Dublin City Postcode: _____

County: _____ Country: _____

Mobile/Phone: _____ Email: _____

I enclose my donation of € _____

Please give details of the type of donation:

General: Membership: In Memoriam:

Fundraising Event (please specify): _____

In cases of 'In Memoriam' or 'in lieu of Gift' donations, please give details of the person to who the donation will be acknowledged.

Name: _____

Address: _____

You have the option to allocate your donation to any Alzheimer Society service (i.e. a day care centre, home care support group), area, County or region you wish.

Unrestricted: Restricted:

I would like to restrict my donation to: _____

I would like to pay by cheque (made payable to The Alzheimer Society of Ireland)

I would like to pay by credit/Laser card (please give a contact no and we will call you)

Bankers Orders

Name of Subscriber's Bank: _____

Address of Subscriber's Bank: _____

Name of Account Holder: _____

On this date please pay the sum of € _____

To AIB Bank, Blackrock, Co. Dublin for the credit of the Alzheimer Society of Ireland, National Office, Temple Road, Blackrock, Co. Dublin, Sort Code 93 36 78 A/c No: 08385083 and thereafter make like payments on the same date of each subsequent year/month (delete as appropriate) and debit my account number _____ accordingly until this instruction is cancelled or amended by me.

Signature:

Date:

Address:



Instruction to your Bank to Pay Direct Debits

Originators Identification No. (OIN)	3	0	6	6	0	0
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Originators Reference (Max 18 Chars) <i>First 6 (minimum) must be static This must be included in your first Presentation</i>	
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Please complete parts 1 to 4 to instruct your bank to make payments directly from your account. Then return the form to:

The Alzheimer Society of Ireland, National Office, Temple Road, Blackrock, Co Dublin

1. Please write the name and full address of your Bank & Branch:

Bank:
Branch:

2. Name of Account Holder:

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3. Sort Code & Account number

Sort Code			-			-		
Account No.								

4. Your Instruction to your Bank, and your Signature

- I instruct you to pay Direct Debits from my account at the request of **The Alzheimer Society of Ireland.**

- I confirm that the amounts to be debited are variable and may be debited on various dates. Currently we are debiting on the 15th of each month.
- I shall duly notify the Bank in writing if I wish to cancel this instruction. I shall also so notify **The Alzheimer Society of Ireland** of such cancellation.

The Direct Debit Guarantee:

- This is a guarantee provided by your own Bank as a member of the Direct Debit Scheme, in which all Banks and Originators of Direct Debits participate
- If you authorise payment by Direct Debit, then:
 - Your Direct Debit Originator will notify you in advance of the amounts to be debited to your account
 - Your Bank will accept and pay such debits, provided that your account has sufficient available funds
- If it is established that an unauthorised Direct Debit was charged to your account, you are guaranteed a prompt refund by your Bank of the amount so charged
- You can cancel the Direct Debit in good time by writing to your Bank

Signature(s):/.....

Date:/...../.....

We would like to contact you occasionally with news of other ways you might be able to help. If you would rather we didn't contact you in this way please tick here