

Donation Form

Please fill in your details below, using block capitals, and return this form to:

Treasurer, Cleft Lip & Palate Association of Ireland, 36 Woodlands Avenue, Dun Laoghaire, Co. Dublin

NAME _____

ADDRESS _____

SIGNATURE _____

DATE _____

Yes, I wish to make a gift of € _____

to the **Cleft Lip & Palate Association of Ireland**

I enclose a Cheque / Draft / Postal Order

Please debit my Visa / MasterCard

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

Expiry Date:

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

 /

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

I wish to set up a Standing Order
(please complete *Section B* below)

The Cleft Lip & Palate Association of Ireland is an authorised charity under the Scheme of Tax Relief for Donations to eligible Charities. Ref. CHY8879

Section B

Standing Order

The Manager

(Bank) _____

(Address) _____

Until further notice please debit my account with the sum of € _____

Commencing on the _____ day of _____ 2008 and monthly thereafter,
and credit the account specified below;

(Name) **Cleft Lip and Palate Association of Ireland**
(Bank) **Bank of Ireland, St. Stephens Green Branch, Dublin.**
(NSC) **90-00-84**
(Account Number) **54131735**
(Reference)

Authorised Signatory

Account Number