

# Regular Donation Form



## STANDING ORDER INSTRUCTIONS

I wish to make a donation of €\_\_\_\_\_ per month  per week

Start date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: _____
Address: _____ _____
Name of your Bank/Building Society: _____
Branch Address: _____ _____
Account Number: _____
Sort code: ____/____/____

### **Peter McVerry Trust Bank Details:**

**Ulster Bank, Dorset Street, Dublin 1.**

**Sort Code: 98-50-90 Account No: 01826059**

If you are a PAYE taxpayer, Peter McVerry Trust can reclaim tax on any donation you make in excess of €250, or €21 per month, in one year. If this applies to you please tick here .

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**When completed and signed, this form should be sent to:**

**Fundraising Office, Peter McVerry Trust, Head Office, 29 Mountjoy Square, Dublin 1.**

**T: 0 1 8230776 F: 0 1 8230778 E: info@pmvtrust.ie W: www.pmvtrust.ie**

**Thank you**