

To: (insert name of your bank)

Bank Address: _____

Sort Code: ___/___/___ Account No: _____

Please pay a regular gift to the A-T Society of: (tick appropriate box)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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€3 €5 €10 €25 €100 Other Amount

I wish to donate €_____

(please also state the amount in words) _____

each month to The A-T Society

Please start on ___ / ___ / ___ and each month until further notice.

Signature: _____

Date: ___/___/20___

The A-T Society Bank Details are as follows:

Account Name: The Ataxia-Telangiectasia Society

HSBC, 1 High Street, Harpenden, AL5 2RS.

Sort code: 40 -23-11 Account: 76760256

IBAN: GB16 MIDL 4005 1576 7602 56

Branch identifier code: MIDLGB22

Euro Donation and Standing Order Form

Your details

(block capitals please)

Name:

Address:

Country

Zip Code

Email