

# SVP DONATION FORM

Name of Donor

Address of Donor

Date of Donation

Amount of Donation

Type of Donation

Credit card  Standing Order

Cheque

Other  Specify \_\_\_\_\_

Acknowledgement of donation to be sent to: - Name  
(if different from donors details above) - Address

In the case of a **credit card donation** please provide:

Type of Card:

Name on Card:

Card No.

Expiry Date:

Amount:

**If you wish to make a standing order contribution please provide the following information and send it to the Society at 196-200 Antrim Road, Belfast BT15 2AJ and we will forward it to your Bank.**

**Bankers Order:**

To.....Bank

.....Branch

Date.....

On receipt of this Order please pay to the **First Trust Bank, 551 Antrim Road, Belfast, BT15 3BU for credit to Society of St. Vincent de Paul, Account No. 00773058 - Sort Code: 93-83-19**

the sum £.....on the first day of..... 200.. and thereafter monthly/annually (delete as appropriate), until further notice.

**Name** .....

**A/c No.** .....

**Address**.....

.....

**Signature** .....