

**DONATING BY STANDING ORDER**

**Bankers Order**

Date \_\_\_\_\_

To: The Manager  
Branch Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please pay to the account of:  
**Pact** at Allied Irish Bank Plc.  
100, Grafton Street, Dublin 2.

Account No. 80453039  
Sort Code 93-10-47  
The sum of \_\_\_\_\_

(amount in words)

Every month/quarter/year on the same day until  
further notice commencing on:

€ \_\_\_\_\_  
(amount in figures)

**YOUR OWN DETAILS**

Account Number \_\_\_\_\_  
Surname \_\_\_\_\_  
First Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return to Ms. Betty Wilson, Financial  
Administrator,  
**Pact**, 18d, Nutgrove Office Park, Rathfarnham,  
Dublin 14.

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