

Full Name	
Address	
Post Code	
Email	

Name of Bank	
Bank Address	
Bank Post Code	
Account Name	
Account No	

Please Pay the Sum		
Every:	Month <input type="checkbox"/>	Quarter <input type="checkbox"/> Year <input type="checkbox"/>
Commencing	dd / mm / yyyy	

Until this order is cancelled in writing by the account holder. Payable to: The Katie Rose Foundation.

Signature	
Date	

Please return this form to The Katie Rose Foundation, 73 Foxhills, Letterkenny, Co. Donegal, Republic of Ireland.

