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. _____
Issue No. _____
Expiry Date: ___/___/20___
Security Code: _____
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,**

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

Name …….....…….....

A/c No. …….....……

Address…….....……

…….....……..

Signature .....