

**DONATION MANDATE**

Please fill in your details below and **then complete EITHER the **Bank Standing Order Form** or the **Payroll Deduction Form**** and return to us at the address below. Please DO NOT sent this to your bank or to your Employer. (BLOCK CAPITALS PLEASE)

Name: .....  
Address: .....  
.....  
Phone: .....

**BANK STANDING ORDER FORM**

To: The Manager, Bank .....  
Address: .....  
.....

Please pay to the:  
Bank of Ireland Ltd., Ellison Street, Castlebar, for the account of Mayo Mentally Handicapped Trust  
Account Number 82586569 the sum of (tick as appropriate):

€5 \* € 10 \* €20 \* €50 \* Other .....

Frequency of payment: Monthly/Annually/Other (please specify - delete as appropriate)

Bank Account Name: .....  
Bank Account Number: .....  
Signature: .....  
Date: .....

**PAYROLL DEDUCTION FORM**

To: The Accounts Manager  
Company Name: .....  
Address: .....  
.....

Please pay Western Care Association, John Moore Road, Castlebar, County Mayo the following amount  
(tick as appropriate):

€5 \* € 10 \* €20 \* €50 \* Other .....

Frequency of payment: Weekly/ Fortnightly/Monthly (please specify - delete as appropriate)

Employee Name: .....  
Employee Number: .....  
Signature: .....  
Date: .....

**Please return to:**  
**Development and Fundraising Department, Western Care Association, John Moore Road,**  
**Castlebar, County Mayo. Any queries, call 094 90 29136/144.**