



Yes, I would like to make a Regular Donation

By signing up to a monthly donation, you will enable us to plan ahead. Please consider a monthly gift if you can.

<p>Your donation will help. Anything you give is greatly appreciated.</p> <p>My Own Amount:</p> <p>€ <input type="text"/></p>	 <p>€12 per month Art & Sensory Supplies</p>	<p>Please tick:</p> <input type="checkbox"/>
	 <p>€21* per month Oxygen masks and other medical supplies</p>	<input type="checkbox"/>
	 <p>€46 per month Family Music Therapy</p>	<input type="checkbox"/>

*If you donate €21 or more per month (€250 in any one year), we can claim tax back at no extra cost to you.

Please pick a Debit start date: / / OR / /

SEPA Direct Debit Mandate

Unique Mandate Reference(UMR) - to be completed by LauraLynn Children's Hospice

Donor Name

Donor Address

City

Country

Debtors Account Number IBAN

Debtors Bank Identifier Code – BIC

Type of Payment Recurrent Payment or One-off Payment

Signature

Date of signature

Creditors Name* **LauraLynn Children's Hospice**
Creditors Identifier **IE14SDD350047**
Creditors Address* **Leopardstown Road, Foxrock, Dublin 18**

Please return this mandate to:
LauraLynn Children's Hospice, Leopardstown Road, Foxrock, Dublin 18



By signing this mandate form, you authorise (A) LauraLynn Children's Hospice to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from LauraLynn Children's Hospice. As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

Thank YOU for supporting Ireland's only Children's Hospice.

Phone:

Email: