



**MLRC**

To become a Friend of Mercy Law Resource Centre, please complete this form and return with the attached Standing Order form to 'Friends of MLRC', Mercy Law Resource Centre, 25 Cork Street, Dublin 8 alternatively please return the form to us and forward the Standing Order form directly to your bank.  
(Please use BLOCK capital letters)

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Please indicate if you are willing to receive emails from us highlighting our work:

**Friendship Categories:**



**Sponsor a Befriender**   
(Yearly €120/ Quarterly €30/Monthly €10)



**Sponsor an Advice Client**   
(Yearly €252/ Quarterly €63/ Monthly €21)



**Sponsor Legal Representation for a Client**   
(Yearly €1,200/ Quarterly €300/ Monthly €100)



**Sponsor a Clinic**   
(Yearly €7,500/ Quarterly €1,875/ Monthly €625)



## Request a NEW Standing Order

- A separate form should be completed for each standing order you wish to set up. Neither photocopies nor use of a highlighter are acceptable
- All fields are mandatory. Incorrect, illegible and incomplete forms will be returned to you.
- The form should be completed in BLACK PEN and posted to the Bank in question. Please allow 5 working days prior to the first payment due date.
- Standing Orders can only be operated on a Current Account.

### YOUR ACCOUNT DETAILS

ACCOUNT NAME:

ACCOUNT NUMBER:

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

SORT CODE:

|  |  |  |  |  |  |
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|  |  |  |  |  |  |
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### BENEFICIARY DETAILS

ACCOUNT NAME:

**MERCY LAW RESOURCE CENTRE LTD.**

ACCOUNT NUMBER:

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| 8 | 1 | 4 | 1 | 8 | 9 | 9 | 3 |
|---|---|---|---|---|---|---|---|

SORT CODE:

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 9 | 0 | 0 | 8 | 7 | 7 |
|---|---|---|---|---|---|

REFERENCE:

### PAYMENTS DETAILS

Frequency:

Monthly                      
 Quarterly                      
 Yearly

Start Date:

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
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Amount:

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Amount in Words:

CUSTOMER SIGNATURE(S):