



Irish Mission Agencies Partnership



AFRICA INLAND MISSION
INTERNATIONAL

Standing order.

Send this form to your bank or process through online banking.

Date _____ dd/mm/yyyy

To the bank manager _____

Branch address _____

I/We hereby authorize and request you to DEBIT my/our account

Details of the account **from** which payments are to be made.

Account name _____

BIC _____ IBAN _____

and to credit the beneficiary / receiver account

Details of the account **to** which payments are to be made.

Account name **Irish Mission Agencies Partnership**

BIC **AIBKIE2D** IBAN **IE04 AIBK 9321 0809 1693 48**

Beneficiary reference _____ Use your initials & the last four digits of your phone number.

Resourcing World Mission Together

Start date _____ dd/mm/yyyy

Frequency Weekly Fortnightly Monthly

Quarterly Annually Other

Number of payments Until further notice Final payment date _____

Amount in words _____ Amount _____

Signature _____ Date signed _____ dd/mm/yyyy

Signature _____ Date signed _____ dd/mm/yyyy

Notification from a donor to **Irish Mission Agencies Partnership.**

This standing order is for the use of Irish Mission Agencies Partnership **CHY 18021**

Note to donors: Be sure to notify iMAP of your transfer.

Email: contact@imap.ie Post: 86 The Fairways, Castletroy, Limerick.





AFRICA INLAND MISSION
INTERNATIONAL

Irish Mission Agencies Partnership



Email or post the details on this sheet to iMAP.

Date _____

I _____ wish to inform you that I have
set up a bank transfer to iMAP for _____.

Beneficiary / receiver reference _____

This donation is for the support of the ministry of _____

Partner _____ Project _____

Additional details _____

Resourcing World Mission Together

This information is necessary to allocate your donation, provide you with a receipt and process for charity gift tax.

Donor contact information for receipt purposes.

Email address _____ Phone _____

or address _____

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