

MS Ireland
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Ballsbridge
Dublin 4
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E-mail:
fundraising@ms-society.ie

Contact Information:

Title (Mr, Mrs, Ms, Dr, ect) _____
First Name _____ Surname _____
Company (if applicable) _____
Address _____
Telephone Number (day) _____ (evening) _____ (mobile) _____

Donation Details:

This donation is in memory of (Name) _____

Please give names of people making gift if different to contact details above _____

Name and address of deceased family member to send card _____

Payment Details

I enclose a cheque/postal order/bank draft for the amount of € _____, made payable to MS Ireland

OR Please debit my:

Visa
MasterCard
Amex
Laser

For the amount of: € _____

Name on card: _____ Signature: _____

Card Number

Expiry Date Security Number (last 3 digits on back of card)