Down Syndrome Ireland
Louth / Meath Branch
Parents supporting Parents
Charity No. 6062

Funding Scheme Application Form 2020

Name:	**Address:**		
Email Address:		**Mobile Phone No:**	
Bank Account Name(Please Print)**:** **BIC:** **IBAN:**			
Does Health Insurance cover any part of this Application		**Yes**	**No**
Membership Fee Paid:		**Yes**	**No**

Details of Therapies, and Sport / Recreational Activities

Details of Fundraising / Committee Duties

Checklist		**Please post application forms to** **Brendan Stephenson, Branch Administrator** **9 Ashdale,** **Wheaton Hall, Drogheda,** **Co Louth.** **A92 KDK8**
Receipts for Therapies / Tuition		
Membership Paid		
Fundraising undertaken / Committee Duties		

Signature of Applicant	**Date of Application**

Please use additional Sheets if required to give more details of Application