## Down Syndrome Ireland



## Funding Scheme Application Form 2024

Name:	Address:				
mail Address:			Mobile Phone No:		
Bank Account Name (Please Print): BIC: IBAN:					
Does Health Insurance cover any par	rt of this Applica	ation		Yes	No
Membership Fee Paid:				Yes	No
Details of Therapies, ar	nd Sport / Recr	eational A	ctivities		€ Cost
Details of	Fundraising / (	Committee		Total €	
Checklist Receipts for Therapies / Tuition Membership Paid Fundraising undertaken / Committee Duties /	Volunteering	Please post application forms toBrendan Stephenson, Branch Administrator9 Ashdale,Wheaton Hall, Drogheda,Co Louth.A92 KDK8. Email: secretarydslm@gmail.com			
Signature of Applicant	D	ate of Applic	cation		

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