DEBIT ORDER INSTRUCTION

TO:
The LHC Foundation Trust
ta I Care
P O Box 3355
Somerset Park
4021

Fax: 031 572 6875
Tel: 081 331 5484
www.icare.co.za
info@icare.co.za

From: Name _____

Address:_____

_____

Telephone: _____

Cellphone:_____

email: _____

PLEASE COMPLETE ALL DETAILS TO ALLOW US TO KEEP IN CONTACT WITH YOU AND PROVIDE YOU WITH UPDATES ON THE WORK BEING DONE AT I CARE

Dear Sirs

I Care				

The details of my bank account are as follows:

Account name:_____

Bank:_____ Branch_____Branch Code _____

Account Number

Credit Card ☐ Master Card ☐ Diners Club ☐ Visa ☐ American Express ☐

Credit Card Number

Last 3 digits (back of card) ☐☐☐ Expiry Date: ☐☐☐☐

I/We hereby request, "instruct" and authorise The LHC Foundation Trust to draw against my/our account with the abovementioned bank (or any other bank or branch to which I/we may transfer my/our account) in the sum of

☐ R25 ☐ R50 ☐ R75 ☐ R100 ☐ R500 ☐ Other (Please Specify)

The amount necessary for the payment of the monthly donation due in respect of the abovementioned agreement on the

☐ 1st ☐ 15th ☐ 26th day of each month commencing _____/_____/20…

And continuing until advised otherwise. All such withdrawals from my/our bank account by you shall be treated as though they have been signed by me/us personally.

Signed_____ on this _____ day of _____

I Care Bank Details: Nedbank Branch: KZN Business Code:164826 A/c: 1648064566