



# i care

giving street kids a future

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## DEBIT ORDER INSTRUCTION

TO:  
 THE LHC FOUNDATION TRUST  
 T/A I CARE  
 P O BOX 3355  
 SOMERSET PARK  
 4021  
 TEL: 031 572 6870  
 FAX: 031 572 6875  
 Tel: 086 147 0047  
[www.icare.co.za](http://www.icare.co.za)  
[info@icare.co.za](mailto:info@icare.co.za)

FROM: NAME \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 CODE: \_\_\_\_\_  
 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				
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The details of my bank account are as follows:

Account name: \_\_\_\_\_

Bank: \_\_\_\_\_ Branch \_\_\_\_\_ Branch Code \_\_\_\_\_

Account Number

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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

R50  
  R75  
  R100  
  R200  
  R500  
  Other (Please Specify)

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

1<sup>st</sup>  
  15<sup>th</sup>  
  26<sup>th</sup> day of each month commencing \_\_\_\_/\_\_\_\_/201\_

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

\*\*\*TAX RECEIPTS Section 18a issued annually

\*\*\*BEE Points Certificate issued on donations as beneficiaries are 100% Black South Africans