



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



The details of my bank account are as follows:

Account name: _____

Bank: _____ Branch _____ Branch Code _____

Account Number

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Credit Card Master Card Diners Club Visa American Express

Credit Card Number

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Last 3 digits (back of card)

Expiry Date:

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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

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