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: _____

*ID OR Registration no:_____

*INCOME TAX No:_____
*(Required by SARS for Section18A Tax Receipt)

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:198765 A/c: 1648064566