Debit Order Pledge Card

Full Name:						
Email address:			····	Contact number:		
Company Name (if applicable	e):					
Mailing Address (for tax certif	icates):					
Full street address (including	suburb, to	own, province and լ	postal code)			
AMOUNT TO BE DEBITED:		Child Sponsorship				
		Other amount Once off	R			
DEBIT ORDER: I hereby instruct and authorise you to draw the sum of				2	_ against my account at the below	
mentioned bank, commenciir	ng on the t	first of every month	n, starting from _		(Month, year).	
This authorisation may be ca	ncelled by	me/us by giving 3	80 days notice in	n writing.		
Bank	Account name:					
Branch & code:		Accoun	t number:			
Account type:			All such withdra signed by me.	awals from my bank by you	shall be treated as though they have been	
Signed at		on this	day of		— <i>(</i> 2	
Name (please print):					Community	
Signature (as used for chequ	es)				, -	