

DIE HERBERG CHILDREN'S HOME

Monthly Donation Form

(Fax completed form to 023 626 3268)

TITLE & NAME: _____

POSTAL ADDRESS: _____

CODE: _____

TEL: (w) _____ (h) _____

(s) _____ **LANGUAGE:** _____ **GENDER:** _____

E-Mail adres: _____

CASH OR INTERNET DONATION

A CASH / CHEQUE / INTERNET payment in the amount of R_____ per month will be donated. Please find enclosed my first payment.

Cheques to be made out to: Die Herberg Children's Home

Internet payment details: ABSA - ROBERTSON

Bank: ABSA (Branch: ROBERTSON , (CODE 334713). Acc 12 00 39 0004

Internet payments must be confirmed via fax (023 626 3268) or E-Mail (rek@herberg.co.za)

Attention P. Uren

CREDIT CARD DONATION

I hereby authorise the deduction of R_____ per month from my Credit Card.

Type: _____ Exp. Date: _____

Credit Card Number :

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Last 3 numbers on back of card:

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In favour of – Die Herberg Children's Home ABSA Robertson (Code: 334713). Acc: 12 00 39 0004

DEBIT ORDER DONATION

I, the undersigned hereby authorise Multidata to debit the following account with the amount specified below in aid of Die Herberg Children's Home.

Bank: _____ Branch _____ 6 Digit Code _____ Acc Type _____
(Savings/Transmission/Cheque)

Acc Number :

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Kindly debit my above-mentioned account with the following amount:

R_____ Amount in words: _____

In favour of – Die Herberg Children's Home ABSA Robertson (Code: 334713). Account: 1200 39 0004

The first payment to be effective on the **1st** day of _____ and thereafter monthly on the _____ of every month UNTIL THIS AUTHORITY IS CANCELLED BY ME IN WRITING. I confirm that I shall have no claim of whatever nature against Multidata, the Bank or Die Herberg Children's Home in the event of the Bank's inadvertent failure to make payment on the due date or otherwise to comply with the provisions thereof.

I hereby acknowledge that the above statement and information is correct and true.

Signature _____

Date _____