



Direct Debit application form

With your support St. Joseph's Children's Home will continue the 73 year legacy of caring for children with chronic medical illnesses.

Select the **campaign** you would like to donate to:

- | | |
|-----------------------------------------------|-----------------------------------------------|
| <input type="radio"/> mind the gap | <input type="radio"/> Pre-School Program |
| <input type="radio"/> Capital projects | <input type="radio"/> Parent lodging & meals |
| <input type="radio"/> HIV/AIDS Medical Ward | <input type="radio"/> where it is needed most |
| <input type="radio"/> Nurses training Program | |

Amount you would like to donate:

- | | |
|----------------------------------------------------------------|--------------------------------------------|
| <input type="radio"/> R25 per month debit | <input type="radio"/> R200 per month debit |
| <input type="radio"/> R50 per month debit | <input type="radio"/> R250 per month debit |
| <input type="radio"/> R100 per month debit | <input type="radio"/> R500 per month debit |
| <input type="radio"/> Other amount per month debit R (_____) | |
| <input type="radio"/> Once off donation amount R (_____) | |

Please debit my bank _____

(MasterCard/ Visa Card)

On the 1st of each month until cancelled or changed

Once annually beginning on _____
(month) (date)

Bank: _____ Branch code: _____

Account number: _____ Account name: _____

Master/visa card no. _____ CVC no. _____

Expire date _____ (last 3 digits on back of card)

Your details:

Title and name: _____

Postal/Street address: _____

City/Suburb: _____

Postal code: _____

Country: _____

e-mail address: _____

Your signature _____ Date: _____

Check if you wish to remain anonymous

Mail to:

St. Joseph's Home
PO Box 21, Howard Place, 7450

or fax to:

Attention Fiscal: 021 934 0352