



Member Hospice Palliative Care Assoc of SA  
Member South African Institute of Fundraising  
PBO No: 18 / 11 / 13 / 642  
NPO 001 889 / NPC 2012 / 052689 / 08  
VAT No: 4890251848  
BBBEE level 4

## MONTHLY DEBIT ORDER DONATION AUTHORITY

I hereby authorise Wide Horizon Care to debit my account on a monthly basis via a debit order for the following amount and frequency:

Company Name: \_\_\_\_\_

Physical and Postal Address: \_\_\_\_\_  
\_\_\_\_\_

Contact details incl. email address, landline and cellphone number:  
\_\_\_\_\_  
\_\_\_\_\_

Name of Account to be debited: \_\_\_\_\_

Banking Details Name of Bank: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account type: Cheque \_\_\_\_\_ Savings \_\_\_\_\_ (tick appropriate type)

Branch Code: \_\_\_\_\_

Amount of monthly donation: R \_\_\_\_\_

Frequency: Preferred transaction date: \_\_\_\_\_ (of each Month)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Full Name of donor: \_\_\_\_\_

I agree that the amount stated in this authority will be deducted by Wide Horizon Care and that I understand that to discontinue this donation I will advise my bank in person.

Wide Horizon Care thanks you for this donation which will be used for the sole benefit of our beneficiaries.



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