



Member of Association of Palliative Care Centres of SA
PBO No: 18 / 11 / 13 / 642
NPO 001 889
NPC 2012 / 052689 / 08
VAT No: 4890251848
BBBEE level 1
Practise Number 7900260



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.