



Non Profit Organisation
 Reg. no.: 020/083
 Est. 2002

Icare Childrens Foundation
 41 Doreen Road, Rylands
 Tel: 021 699 0302/3/5/6
 www.icare.org.za

DEBIT ORDER INSTRUCTION

Name of account holder:					
Postal Address:					
Monthly donation amount:					
Bank:	Branch:		Branch no:		
Acc number:	Account Type (tick)	Trans	Cheque	Savings	Credit Card
					Exo Date:

iCare Children's Foundation is hereby authorized to draw against the above-mentioned bank, building society or branch to which the account may be transferred the amount as indicated above. iCare Children's Foundation acknowledges that they may not code or assign any of its rights to any third party without my/our written consent. Payment shall be made on the FIRST day of each month or the closest business day there to. The donor agrees to carry any fees charged by their bank for this debit order instruction. The donor may cancel this authority between himself/herself and iCare Children's Foundation at any me as this is a voluntary donation.

Details of Donor: _____

Name & Surname: _____

ID number: _____

Email Address: _____

Telephone No. _____

Cell: _____

Date: _____

Signed _____
 Icare Childrens Foundation

Signed _____
 Donor