

Debit Order Monthly Donation Form

Please complete this form and either fax, email or post it to:
021 785 4354 tears@tears.org.za
P.O. Box 22376, Fish Hoek, 7974, Cape Town



SECTION A: Donors Particulars
All information must be completed

Name (Title, name, surname)			
Company name (if company)			
Vat No (If company)			
Telephone	Landline		Mobile
Address	Physical		
	Postal		
Business Contact	Name		Mobile
	Position		
	E-mail		

SECTION B: Donation Details
Please select whether you are a Corporate or Private Donor

- Corporate Support Private Support
 Tick if you would like an Annual Section 18A Receipt

Amount of monthly donation

R

Monthly debit date
(Please circle)

1

15

25

I/we hereby instruct and authorize the appointed service provider (on behalf of TEARS) to draw against my/our account with the set amount, which is due and payable by me/us in terms of this agreement for the service I/we have selected. This order will remain effective until cancelled by me in writing. I/we may choose to cancel this debit order instruction at any time in writing giving 30 days notice. If cancellation is not implemented before the 15th of the month, the debit order will continue for the next month. I/we understand that there are bank charges associated with this debit order as with all debit orders.

Date of first withdrawal		Bank	
Account Name		Branch Name	
Account Number		Branch Code	
Type of Account		Amount	

Date D D M M Y Y

Signature of payer/authorised official (s)
(In accordance with the debit order system)

**Security/Privacy Notice: All information supplied to TEARS is kept strictly confidential.
No information is shared or sold to third parties**