

Authority for a gift by Debit Order to LITTLE EDEN

Please complete form and return to LITTLE EDEN, P O Box 121 Edenvale 1610. Thank you!

I/We wish to sponsor a child with profound mental handicap at LITTLE EDEN by monthly debit order for an amount of R per month from 2010/11, and each month thereafter, until cancelled by me.

I would like to increase my debit order by 10% each year. Yes No

Type of Account Current Savings Transmission

Bank Name

Branch Code

Branch Name & Town

Account No.

Name

Address

.....Post Code.....

Email

Tel H (.....)W (.....)cell

Identity No.

Date Signature

I/We acknowledge that the party hereby authorised to effect the drawing(s) against my/our account may not cede or assign any of its rights to any third party without my/our prior written consent and that I/we may not delegate any of my/our obligations in terms of this contract/authority to any third party without prior written consent of the authorised party. Thank you for your co-operation.