

**THE MANGER CARE CENTRE**

**CONTRIBUTION COMMITMENT FORM**

I desire to become a monthly  quarterly  half yearly  annual contributor.  
I am willing to commit:

**R100**       **R200**       **R300**       **R500**       **R1000**

**Other R** \_\_\_\_\_

I am enclosing my contribution for one year in the amount of R\_\_\_\_\_

Please automatically debit me monthly in the amount indicated above until I inform you otherwise.

Bank name: \_\_\_\_\_ Branch name: \_\_\_\_\_

Branch number: \_\_\_\_\_

Account number: \_\_\_\_\_

MasterCard number: \_\_\_\_\_

Visa number: \_\_\_\_\_ Expiry date: \_\_\_\_\_

CVC No: \_\_\_\_\_

**Full Contact Details of Donor**

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

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

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel no. \_\_\_\_\_

Fax no. \_\_\_\_\_

Email Address: \_\_\_\_\_