



HIV/AIDS | Orphans & Vulnerable Children | Early Childhood Development | Youth and Adult Education & Development | Community Safety & Development

Postal Address P.O. Box 567, Westville, 3630, KwaZulu-Natal Republic of South Africa **Offices** 17B Westville Centre, 52 Norfolk Terrace, Westville, 3630 **Telephone** +27 (0)31 266 2288 **Cell** +27 (0)83 233 2924 **Fax** 086 694 8970 (RSA) / +27 (0)31 266 5115 **Email** admin@vukukhanye.org **Website** www.vukukhanye.org

NPO reg no 017-325 PBO (Sect 18A) reg no 18/11/13/2073

DETAILS OF CONTRIBUTOR

Name/s:
 Telephone:(w)(h)(cell)
 Address:
 Email:

CONTRIBUTIONS TO 'VUKUKHANYE' MAY BE MADE AS FOLLOWS:

1. DEBIT ORDER (via Three Peaks/Debitsure)

Bank:
 Branch:
 Branch number:
 Type of account:
 Account name:
 Account number:
 Amount per month (or amount per annum).

2. CREDIT CARD (via Three Peaks/Debitsure)

Bank:
 Branch:
 Branch number:
 Visa/Mastercard/Diner's Club
 Account name:
 Credit Card Number:
 Last 3 digits on back of card: Expiry date:

I/We hereby authorize **Three Peaks/Debitsure** to draw against my/our account with the above mentioned bank the amount of, necessary for the monthly payment due in respect of my/our agreement with 'Vukukhanye', on a specific day of every month, commencing on All such withdrawals from my/our bank account/credit card shall be treated as though they had been signed by me/us personally. I give permission for the amount debited from my account to be subject to an annual increase of 10%:

YES	NO
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 (please tick the appropriate box)

I understand that written authority is required to cancel this order.

Signed by on this day of 200

Signature/s

3. CHEQUE (Payable to 'Vukukhanye', Posted to P.O. Box 567, Westville, 3630)

4. ELECTRONIC TRANSFER / INTERNET BANKING / DIRECT DEPOSIT

Bank: Standard Bank **Branch:** Westville **Branch code:** 045426 or 051001 (universal code)
Account Name: Vukukhanye **Account number:** 25 254 884 1 **Swift code (international):** SBZAJJ