

**Authority for a gift by Debit Order  
to the KZN Cerebral Palsy Association**

I wish to contribute to the KZN Cerebral Palsy Association by monthly debit order the amount of R ..... per month on the first day of ..... 20....., and each month thereafter, until cancelled by me.

Please increase my debit order by 10% each year.

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 .....

*Please note that this debit order transaction will appear on your bank statement with the reference: THREE PEAKS/ DEBITSURE. Kindly fax completed form to us at 086 153 913 or post to P O Box 10213 Ashwood 3605.*

*THANK YOU FOR YOUR SUPPORT*