

HOPE hearing & language opportunities for education (NPC)

Registration no.: 2024/064699/08

PBO Pending

Vat no.: not registered

Tel: 0722072991

Tax number: 9002988328

Email: info@hope-hear.org

12 Hornsey Rd

Mowbray

7700

Banking details:

Bank: FNB

Branch: N/A

Branch code: 210835

Acc. no: 63089310387

Type: Current



"Our children are our greatest treasure. They are our future." Nelson Mandela

DEBIT ORDER - MONTHLY DONATION FORM

Kindly complete form and either email to: info@hope-hear.org, or WhatsApp to 0722072991

Donors Details: (Kindly complete all information)

| | | | |
|-------------------------------|--|------|--|
| Title (Prof, Dr, Mr, Mrs, Ms) | | | |
| Name and Surname | | | |
| ID Number | | | |
| Telephone | | Cell | |
| Email address | | | |
| Address (physical or postal) | | | |
| | | | |

Donation Details:

Please select the amount you would like to contribute:

| | | | |
|-------------------------------|-------------------------------|-------------------------------|---------------------------------------|
| R50 <input type="checkbox"/> | R200 <input type="checkbox"/> | R350 <input type="checkbox"/> | R500 <input type="checkbox"/> |
| R100 <input type="checkbox"/> | R250 <input type="checkbox"/> | R400 <input type="checkbox"/> | Other amount <input type="checkbox"/> |
| R150 <input type="checkbox"/> | R300 <input type="checkbox"/> | R450 <input type="checkbox"/> | Please specify: |

Monthly Debit Date: 1st ☐ 25th ☐

I, the undersigned, confirm that I have agreed to make a donation to the HOPE hearing & language opportunities for education (NPC) (hereafter referred to as HOPE-hear) via monthly payments. I hereby instruct and authorise HOPE-hear to draw against my bank account with the set amount which is due and payable by me in terms of this agreement. This debit order will remain effective until cancelled by me in writing or stipulated by "Date of last payment". I may choose to cancel this debit order instruction at any time, giving 30 days' notice in writing. I agree to pay any bank charges relating to this debit order instruction. All debit orders are administered by HOPE-hear.

| | | | |
|-----------------|--|-----------------------|--|
| Bank name | | Branch Name | |
| Account name | | Branch code | |
| Account number | | Date of first payment | |
| Type of account | | Date of last payment | |

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

Signature of account holder

Date

| | | | |
|----------------|--|------------|--|
| For Office Use | | | |
| Capturer | | Signature | |
| Date captured | | Donor Code | |