



# debit order authorisation form

Yes, I want to support the work of Educo Africa! I, \_\_\_\_\_ (full name)  
Hereby authorise you to debit my account on a monthly basis on the 1st of each month.

## Programme

- I want to help a child discover their potential by supporting Educo Africa's Sisonke and Ukuzazi programmes that take place in the mountains
- I want to help a child live their potential by supporting Educo Africa's Sihambeke Pambilie programme that takes place in their communities

## Amount

- R50                       R100                       R200
- R300                       Other \_\_\_\_\_

## Contact Details:

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

## Banking Details.

Name of Bank: \_\_\_\_\_ Branch Name: \_\_\_\_\_  
Account Type: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Branch Code: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Signature: \_\_\_\_\_

Please upload this form to the website or fax or email for attention: **Mark Gamble Fax (021) 7975292**  
Email: [mark@educo.org.za](mailto:mark@educo.org.za)