

Authority for a gift by Debit Order to ST MARY'S HOSPITAL

*Please complete form and return to St Mary's Hospital, Private Bag X16, Ashwood, 3605
Thank you!*

I wish to sponsor by monthly debit order the amount of R to St Mary's Hospital on the first day of 2010/11 and each month thereafter, until cancelled by me.

I would like to increase my debit order by 10% each year. Yes No

Type of Account Current Savings Transmission

Bank Name

Branch Code

Branch Name & Town

Account Number

Name

Address

.....Post Code.....

Email Address

Tel H (.....)W (.....)cell

Identity No.

Date Signature

I/We acknowledge that the party hereby authorised to effect the drawing(s) against my/our account may not cede or assign any of its rights to any third party without my/our prior written consent and that I/we may not delegate any of my/our obligations in terms of this contract/authority to any third party without prior written consent of the authorised party. Thank you for your co-operation.