

PAYMENT MANDATE
MY PERSONAL DETAILS (PLEASE PRINT)

***Partner Id** _____ *(Unique World Vision number which will be supplied to you)
Title: Mr/Mrs/Miss _____ **Other** _____
Surname _____ **Firstname** _____
Postal address _____

Tel #. (w) _____ **(h)** _____
Cell _____ **Fax** _____
Date of birth _____ **email.** _____
Occupation _____ **Organisation/Company** _____
Where did you hear about World Vision? _____

PAYMENT METHOD BY DEBIT ORDER

I wish to pledge by Debit Order a monthly amount of R _____ Plus bank charges 80cents
 to World Vision on 2nd 15th _____ specify _____ and each
 month thereafter until cancelled in writing.
 Type of Account Cheque Savings Transmission
 Bank/Building Society: _____
 Branch Name: _____ Branch Code: _____
 Account #: _____
 Signature: _____ Date: _____
 YES, I agree to an annual increase of 10%

PAYMENT BY CREDIT CARD

Please debit my Visa Card Master Card
 My card number is: _____ (Bank) _____
 Expiry date: _____ CVV No.: _____ (3 digit at the back of card)
 Amount: R _____
 Signature: _____
 (R150) Monthly (R450) Quarterly
 Other _____ (specify)
 YES, I agree to an annual increase of 10%

Thank you for making a difference! Please return this form to us urgently.

Fax: 011 3264223

Toll #: 0861 101 888

Email: info@worldvision.co.za

Mot Code: 988

Your information will not be shared with third parties, and will be kept confidential at all times.