

To:  
The Evangelical Network Trust  
PO Box 431  
Hillcrest  
3650

Telephone: 031-765 6467  
Fax: 086-697 4004  
Website: www.entrust.org.za  
Email: office@entrust.org.za

From:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Cellphone: \_\_\_\_\_  
Email: \_\_\_\_\_

*Please complete all details to allow us to keep in touch with you and provide you with updates on the work being done at ENTRUST...*

Dear Sir/Madam

The details of my account are as follows:

Bank Account	Account name: _____ Bank: _____ Branch: _____ Branch Code: _____ Account number: _____
Credit Card	Credit Card Type:    Master Card <input type="checkbox"/> Diners Card <input type="checkbox"/> Visa Card <input type="checkbox"/> American Express <input type="checkbox"/> Credit Account number: _____ Last 3 digits on back of card: ____:____:____        Expiry Date: ____:_____

I/We hereby request, "instruct" and authorize The Evangelical Network Trust ("ENTRUST") to draw against my/our account with the abovementioned bank (or any other bank or branch to which I/we may transfer my/our account) for the sum of:

R25         R50         R100         R250         R500         R1000

Other (please specify)  R\_\_\_\_\_

The amount necessary for the payment of the monthly donation due in respect of the abovementioned agreement should be transferred on the:

1<sup>st</sup>         15<sup>th</sup>         26<sup>th</sup>         day of each month commencing on \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_; continuing until authorized otherwise.

All such withdrawals from my/our account by you shall be treated though they have been signed by me/us personally.

Signed: \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_