

I hereby request and authorise the Salesian Institute Youth Projects to withdraw an amount of R _____ per month on the _____ of each month.

With effect from: _____ (month) _____ (year)

Account number: _____

Account type (cheque/savings): _____

Account holder's name: _____

Bank: _____

Branch code: _____

Account number: _____

Signature: _____

Date: _____

Name: _____

Postal address: _____

Residential address (if different): _____

Telephone (work): _____

Telephone (cell): _____

Telephone (home): _____

Email address: _____

For us to acknowledge your donation, please use your name and the abbreviation SIYPD as reference and email to:

shandre.slinger@salesianyouth.org.za

A Section 18A tax certificate will be issued once a year as acknowledgement of receipt of your contributions, provided we have your postal details.

www.salesianyouth.org.za

B-BBEE SED Recognition
100%. NPO-003-313

