



Debit Order Authorization

I hereby request and authorize the Salesian Institute Youth Projects to withdraw an amount of R _____

per month on the _____ of each month.

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

003-313 NPO
B-BBEE 100%

2 Somerset Road, Greenpoint
Cape Town, 8001, South
Africa

P.O. Box 870, Cape Town
8000, South Africa

Tel: +27 (0)21 425 1450
Fax: +27 (0)21 419 1312
info@salesianyouth.org.za
www.salesianyouth.org

Board Members:

John Doidge (Chairman)
Barry Jordan
Fr Patrick Naughton SDB
Fr Joseph Nguyen (SI Rector)
Lynn Stevens (Vice Chair)
Fr Joy Sebastian (SDB Provincial)

Archbishop Breslin - Patron for
Salesian Institute Youth Projects
Cape Town

Account number:
Account type (cheque/savings):
Account holder's name:
Bank:
Branch code:
Account number:
Signature:
Date:

Personal Details

Full Name:
Postal Address:
Residential Address (if different):
Work Telephone:
Home Telephone:
Cell Number:
Email Address:

In order for us to acknowledge your donation, please use your name and SIYP as reference and email info@salesianyouth.org.za your personal details as listed above.

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

Thank You!

www.salesianyouth.org.za

B-BBEE SED Recognition 1

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