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for Salesian Institute Youth  
Projects Cape Town

## 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)

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](mailto: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](http://www.salesianyouth.org.za)

**B-BBEE SED Recognition 1**

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