

Your monthly commitment #changinglives

Thank you for your heart to invest in a partnership with iThemba Lethu to change the lives of abandoned or vulnerable children. Together we can restore hope and destiny to the lives of these children!

Kind regards,
Melissa Leslie
Marketing and Fundraising Co-ordinator

Please complete the form below and return by email to accounts@ithembalethu.org.za

Name: _____
Postal Address: _____
Postal code: _____
Contact number: _____

The above details are required for the issuing of an 18A Donations Tax Receipt.

I authorize iThemba Lethu to set up a monthly debit order off my account.

Should I wish to cancel this debit order for any reason, this will be done in writing to iThemba Lethu at least 30 days prior to the next payment date.

As indicated on the response form, I would like R _____ to be deposited into the iThemba Lethu bank account each month starting from _____ (month).

Banking details

Bank: _____
Account no: _____
Branch no: _____
Type of account: Current /Cheque Savings Transmission
Date of payment: 1st of each month 15th of each month
Signature: _____