

ELECTRONIC FUNDS TRANSFER DONOR AUTHORIZATION FORM

Please fill in the details on this form

Mail or Fax it to us at: **Saint John of God Community Services, P.O. Box 744, Mzuzu, Malawi**

Tel: + (265) 01 311690, + (265) 01 311495, Fax: + (265) 01 311213

Email: sjog@sjog.mw

You may also simply mail your donation by check or money order to this address.

For more details on alternative donation methods, please contact The Director, Saint John of God Community Services.

<p>Saint John of God Community Services is hereby authorized to initiate a <u>monthly</u> debit of</p> <p>US\$ <input type="text"/> from my Savings / Checking Account effectively</p> <p>MK <input type="text"/> from my Savings / Current Account effectively</p> <p>Please check one account:</p> <p>Savings <input type="checkbox"/></p> <p>Checking <input type="checkbox"/></p> <p>Current <input type="checkbox"/></p> <p><u>Bank Name:</u></p> <p>Bank Address: <input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p>Bank City/ST/Zip: <input type="text"/></p> <p>Account No. <input type="text"/></p> <p>Routing No. <input type="text"/></p> <p><u>My gift is specified for:</u></p> <p>Children with Special needs <input type="checkbox"/></p> <p>Saint. John of God Health Care Programs <input type="checkbox"/></p> <p>Wherever most needed <input type="checkbox"/></p>	<p><u>DONOR DETAILS</u></p> <p>Donor Name: <input type="text"/></p> <p>Donor Address: <input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p>City/ST/Zip: <input type="text"/></p> <p>Donor Phone: <input type="text"/></p> <p>Donor Signature: <input type="text"/></p> <p>Date: <input type="text"/></p> <p><u>SAINT JOHN OF GOD BANK DETAILS</u></p> <p>ACCOUNT NAME: Saint John of God Community Services</p> <p>ACCOUNT NO: 01411516371100</p> <p>BRANCH: Mzuzu</p> <p>SWIFT CODE: NBMAMWMW009</p> <p>BANK ADDRESS:</p> <p>National Bank of Malawi P.O. Box 20 Mzuzu Malawi</p>
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