



HABONIM DROR SOUTHERN AFRICA

CREDIT CARD PAYMENT FORM

First Name _____

Surname _____

Email Address _____

Telephone Number _____ (H) _____ (C)

Please debit my credit card:

ONCE	MONTHLY	QUARTERLY	BI-ANNUALLY	ANNUALLY
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Card Number _____ Expiry Date _____

Amount in RANDS (R) _____ CVV _____

I, the undersigned, request HABONIM DROR SOUTHERN AFRICA to draw against my bank account, as stated above, the amount payable and due.

Full Name _____

Signature _____ Date _____

Please email this completed form to donate@habo.org.za.

For assistance, please contact our office on 011 786 7046.