Nurture Africa Child Support Pledge Form

Mr__ Mrs__ Miss__ Ms__ Other____

Surname: _____   **First Name:** _____

Address: _____

_____

Phone: _____   **E-mail**: _____

I wish to make a donation to Nurture Africa. (Co. No. 366575) in the amount of (please tick the appropriate box):

- **€5 each month until further notice** [   ] which will pay for vital nutrition for a HIV+ child every month
- **€10 each month until further notice** [   ] which will pay for medical costs for one child every month
- **€21 each month until further notice** [   ] which will sponsor a child to go to school

Bank: **Bank of Ireland,Raheny Branch, 566 Howth Road, Dublin 5**   Account Name: **A-Z Children's Charity**

IBAN: **IE91 BOFI 90065888 4072 42**   BIC (Swift code): **BOFIIE2D**

I understand that Nurture Africa may change the dates and amounts only after giving me prior notice. Nurture Africa will record the details shown on this form on its paper and/or electronic files for administrative purposes only and will disclose this information to other organisation(s) solely in connection with such administration.

DATA PROTECTION Nurture Africa will record the details shown on this form for donation and mailing purposes and in filling in this form, you agree that we can hold and process this information. Nurture Africa may also wish to contact you via phone, post or e-mail about special projects, events or appeals. **Please tick here __ if you do not want to be contacted.**

Signature: _____   **Date signed:** _____

Please fill in the whole form and post it to : **Nurture Africa, 54 Pembroke Road, Dublin 4.**

REQUEST FOR A STANDING ORDER

To: The Manager, _____

Bank Address_____

Name(s) of Account Holder(s) _____

Bank Account Number: _____   Branch Sort Code: _____

First payment date: _____   Reference on our bank statement _____
(your name)

You are authorised to set up a Standing Order on my/our account as specified above. My/Our account will at all times contain sufficient funds to enable each payment to be effected on the due date.

DATE SIGNED: _____   **SIGNATURE:** _____