

DONOR PLEDGE FORM

Donor Information

SURNAME	NAME
ADDRESS	EMAIL
	PHONE: MOBILE HOME.....

Payment Details

AMOUNT PER MONTH: Rs	PLEASE TICK : <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> BANK TRANSFER
AMOUNT IN WORDS	
I PLEDGE MY CONTRIBUTION FOR: (PLEASE TICK) <input type="checkbox"/> ONE YEAR, <input type="checkbox"/> TWO YEARS <input type="checkbox"/> UNTIL COMPLETION OF RESTORATION WORKS. <input type="checkbox"/> A ONE OFF CONTRIBUTION	AS FROM (day/month/year) ... / ... /
SIGNATURE	DATE
BANK NAME: THE MAURITIUS COMMERCIAL BANK LTD BANK ADDRESS: SIR WILLIAM NEWTON STREET, PORT-LOUIS BANK ACCOUNT NAME: ANGLICAN DIOCESE OF MAURITIUS BANK ACCOUNT NUMBER: 000445728981 IBAN: MU66MCBL0944000445728981000MUR	

Contact Information:-

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