



PHEDIŠANG DONATION

Monthly Debit Order

I hereby request McLean Trust to draw against my account at whichever bank it may be at present, R_____ per month. I request my bank, whichever it is or will be, to debit my account with such amounts drawn against it by McLean Trust in terms of this request.

<input type="checkbox"/>	R	100
<input type="checkbox"/>	R	200
<input type="checkbox"/>	R	500
<input type="checkbox"/>	R	_____

First contribution due on the 1st of _____ 2007 and the 1st day of each month thereafter.

Once-off Donation

R _____ Cheque EFT Phedišang Debit

Name _____

Address _____

_____ Code _____

Telephone (H) _____ (W) _____

(C) _____ E-mail _____

Bank: _____ Branch: _____ Code: _____

Account name: _____ Number: _____

Signed at _____ on this _____ day of _____ 2007

SIGNATURE

Please fax to: 011-486-1319

or post to:

The McLean Trust

P.O. Box 47110

Parklands 2121

P.B.O. No 930007526

NPO No. : 036-863

Standard Bank, Rivonia (Code:00 12 55)

The McLean Trust Account Number: 42 006 4362