

ELECTRONIC FUNDS TRANSFER DONOR AUTHORIZATION FORM

Please fill in the details on this form

Mail or Fax it to us at: SISTERS OF THE HOLY ROSARY, MOUNTROSA MOTHER HOUSE, BOX 119, MZUZU, Malawi Central Africa

Phone; +265 999088820
Email: rosariansisters@mountrosa.org

You may also simply mail your donation by cheque or money order to this address. For more details on alternative donation methods, please contact THE MOTHER GENERAL, SISTERS OF THE HOLY ROSARY

SISTERS OF THE HOLY ROSARY MINISTRIES IN, HEALTH, EDUCATION, SOCIAL WORK AND PASTORAL SERVICES HEREBY AUTHORIZED TO INITIATE A MONTHLY DEBIT OF:

US\$ from my Savings / Checking Account effectively

MK from my Savings / Current Account effectively

PLEASE CHECK ONE ACCOUNT

SAVINGS

CHECKING

CURRENT

BANK NAME:

BANK

BANK CITY/ST/ZIP:

ACCOUNT NO.

ROUTING NO.

MY GIFT/DONATION IS SPECIFIED FOR:

ORPHANS AND VULNERABLE CHILDREN

HEALTH AND NUTRITION SCHOOL FEEDING PROGRAM

EARLY CHILDHOOD DEVELOPMENT PROGRAMMES

WOMEN EMPOWERMENT

PHYSICALLY CHALLENGED CHILDREN

CHIGWERE HOSPITAL

FARMING PROGRAMMES

DONOR DETAILS

DONOR NAME

DONOR ADDRESS

CITY/ST/ZIP

DONOR PHONE

DONOR SIGNATURE

DATE

SHR BANK DETAILS:

ACCOUNT NAME: SISTERS OF THE HOLY ROSARY

ACCOUNT NUMBER: 254730

BRANCH: MZUZU

SWIFT CODE: NBMAMW MW009

BANK ADDRESS: NATIONA BANK

P.O BOX 20

MZUZU

MALAWI