



UNBORN BABIES

ABANDONED BABIES



R150 PER MONTH

enables us to intervene in the destiny of the unborn

HELPING WOMEN IN CRISIS pregnancies and assisting them to MAKE INFORMED DECISIONS and provide alternatives to abortion

GIVING HOPE



R150 PER MONTH



enables us to care for babies abandoned in our city

CARING FOR ABANDONED, neglected AND safety removal BABIES

KEEPING BABIES ALIVE

2 Dawson Road, Selborne | 076 426 5749 | www.breathoflife.co.za | breathoflife@restoretrust.co.za

Registration No IT328/09 PBO Status 930032698 NPO Status 098-449-NPO

Bank Details ABSA Bank, Restore Trust, Acc 407 542 3110, Branch 632005, Ref LS Initial Last Name (e.g. LS R Boucher)

PayPal Use email address finance@sbc.za.net

PERSONAL INFORMATION

Full Names Surname Identity No Income Tax Number Ref Number (If available)

BUSINESS INFORMATION

Business Name (Registered) Trading Name Registration Number Nature (company, trust, etc.) Income Tax Number Ref Number (If available)

BANK ACCOUNT INFORMATION

Name of Bank Branch Name Name of Account Account No Branch Code

DEBIT DETAILS

Type of Account [Current Savings Transmission] Transaction Date [1st 22nd 26th] Amount [R150 R250 R (Own Amount)] First payment date

All donations are eligible for a Tax Exemption certificate in line with South African tax law. For more info please contact: 043 735 2340.

CONTACT DETAILS

Phone Numbers (C) (W) E-mail Postal Address

Acknowledgement:

I hereby "instruct and" authorise THE RESTORE TRUST Breath of Life, to draw against my account with the above mentioned bank (or any other bank or branch which I may transfer my account) the amount necessary (as stipulated above) for payment in respect of the above mentioned agreement and continuing until termination of our agreement or until cancelled by me in writing. All such withdrawals from my account by you shall be treated as though I had signed the personally. I understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement. I may cancel this authority by giving you thirty (30) days notice in writing, sent by registered mail, but I understand that I shall not be entitled to any refund of amounts which you have withdrawn while this authority was enforced if such amounts were legally owing to you. Receipt of this instruction by you shall be regarded as receipt thereof by my bank (whichever it is or will be).

Signature Signed at on day of 20.....

Please email the completed and signed form to breathoflife@restoretrust.co.za Should you have any queries, please contact us on 043 722 1670 or e-mail debbie@sbc.za.net

www.breathoflife.co.za

