



# Elephant Reintegration Trust

Port Alfred, 6170

"Helping elephants in captivity or distress  
to gain the freedom they deserve"

Trust No: IT107/2017 (E) // Public Benefit Organisation No 930062452

## Donation Debit Order Authorisation Form

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
City: \_\_\_\_\_ Phone: \_\_\_\_\_  
Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_

## Bank Account Information

Account Holder Name: \_\_\_\_\_ Bank Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Branch Code: \_\_\_\_\_

## Debit Order Details:

Debit Start Date (*please tick*): 

28 <sup>th</sup>	30 <sup>th</sup>	1 <sup>st</sup>	15 <sup>th</sup>
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Monthly Donation Amount (*please tick*): 

R50	R100	R500	R1000
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Own amount: 

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Your debit order reference will be **ERT**.

## Donor Declaration:

I, \_\_\_\_\_, hereby authorise Elephant Reintegration Trust to debit my bank account in accordance with the details provided above as a monthly donation. I understand that this authorisation will remain in effect until I provide notice of cancellation.

Authorised Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit this form to [info@elephantreintegrationtrust.co.za](mailto:info@elephantreintegrationtrust.co.za)

**THANK YOU FOR YOUR GENEROUS MONTHLY SUPPORT!**

Telephone: +27 60 873 5655 // Email: [info@elephantreintegrationtrust.co.za](mailto:info@elephantreintegrationtrust.co.za) // Web: [www.elephantreintegrationtrust.com](http://www.elephantreintegrationtrust.com)

Trustees: Brett Mitchell; Dr Marion Garai; Hanno Killian