



## Financial Support Commitment Form

Please Fax the completed form to Hannelie at 086 524 7941 or e-mail a scanned copy to office@cbmc.co.za

### PERSONAL DETAILS

Surname:	<input type="text"/>	Title :	<input type="text"/>
First Names :	<input type="text"/>		
Postal Address :	<input type="text"/>		
	<input type="text"/>	CBMC Membership nr :	<input type="text"/>
Tel (Work) :	<input type="text"/>	Fax :	<input type="text"/>
Cell phone :	<input type="text"/>	e-mail Address:	<input type="text"/>

### COMMITMENT DETAILS

I understand that CBMC is a ministry and that they rely on the donations of members and friends to be effective in their calling. I also understand that, for budget purposes, it is important for CBMC to have an idea of their expected income. To help CBMC in this regard, I am willing to make the following *Financial Support Commitment*.

#### PLEASE MARK WITH X

Monthly EFT    Quarterly EFT    Monthly Cash/Cheque deposit    Quarterly Cash/Cheque deposit    Annual payment

Payment Date:    1<sup>st</sup> (or first business day)    7<sup>th</sup>    15<sup>th</sup>    31<sup>st</sup> (or last business day)

Amount that can be expected    Please remind me about my commitment:

SIGNATURE :    DATE :