

BANKER'S ORDER FORM

*giftaid it*

By completing this form and returning it to us, you can make a regular gift. Please write clearly and in capitals. Thank you.

Title Mr / Mrs / Miss / Dr / Other \_\_\_\_\_

Full name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone number : \_\_\_\_\_

Email : \_\_\_\_\_

I wish to give Rs \_\_\_\_\_ each month / quarter / year\*. (\*Please delete as applicable)

To the Manager (Bank name) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Please pay **Lizie dan la main – Union des Aveugles de L'île Maurice**

the sum of Rs \_\_\_\_\_ commencing on

(day) \_\_\_\_\_ (month) \_\_\_\_\_ (year) \_\_\_\_\_ until further notice and debit my account.

My bank account no. is \_\_\_\_\_

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

Payable to: MCB, Rose Hill, Mauritius for the credit of Lizie dan la main Union des Aveugles de L'île Maurice . A/C No. 030052580

Please complete and return this form to:

**Lizie dan la main  
Union des Aveugles de L'île Maurice  
Pasteur Street, Forest-Side, Curepipe  
Rep.of Mauritius**

**Tel : + 230 6751777 Fax : + 230 6702676**

**Email : udadim@intnet.mu**

