

## **DONATION FORM (GIRO)**

I / We wish to support your work and make a	a donati	ion to: <i>(Sele</i>	ct one c	or mor	e serı	/ices	belo	w)				
St. Andrew's Mission Hospital:	□ \$	St. Andrew's St. Andrew's St. Andrew's	Nursin	g Hon	ne (He	ende	rson)					
To (Name of Bank):		Branch:										
Name of Account Holder:		Bank A	Bank Account Number:									
Donation Amount: Mon	nthly dec	duction from			(mth/	yr) to	)			 (mth/	yr)	
<ul> <li>I/We hereby instruct you to process St. Andre</li> <li>You are entitled to reject St. Andrew's Missifunds and charge me/us a fee for this. You mon the account and impose charges according</li> <li>This authorisation will remain in force per the notice sent to my/our address last known to Mission Hospital.</li> </ul>	ion Hosp nay also a gly. e duratio	pital debit ins at your discre	tructions tion allov	if my/w the coove, cour wri	our ad lebit e or until	ccoun ven if it is	this termi	es n resu nate	ot haults in	an ov	erdr writt	aft en
Thumb print(s) / Signature(s) as in bank record (Please go to the branch with your identification fo	r thumbp	orint)		Date								
For St. Andrew's Mission Hospital Use On	ıly:											
Bank Branch St. Andrew's Mission	on Hospi	tal A/C No.		St.	Andre	w's M	issio	n Ho	spita	l Dono	r Ref	i. No
7   1   7   1   0   0   3   0   0   3   9   0	3 0	8 5 1										<u></u>
For Bank's Official Use Only:												
To: St. Andrew's Mission Hospital  This application is hereby APPROVED / REJ  Signature / thumbprint* differs from financial in  Signature / thumbprint* incomplete / unclear*  Account operated by signature / thumbprint*			□ Am	lowing endme ong ac ers:	ents no	ot cou	nters					le
Name of approving officer	Signatu	re		_	-	Date	!					