



FOR OFFICE USE ONLY
CHURCH ID:

BDID:

BATCH NO:

PARTNER NO:

Response Form - PLEASE PRINT

Personal Details

PLEASE NOTE: I am already a partner YES NO This is a change of address/personal details YES NO

Church/Venue (Where did you learn about us?): _____

Last Name: _____ First Name: _____ Title: _____

Postal Address: _____ Code: _____ City/Town/Suburb: _____

Tel: _____ Cell: _____ E-mail Address: _____

(We like to send your receipts and other information via sms)

- Please send me: The Newsletter Info on Short Term Outreaches/Bible Placement trips Info on Including Bibles for Believers in my will/life policy
 Information Regarding Comrades/Run for Bibles
- I want to volunteer: As a Prayer Partner 24/7 Prayer Helping with projects Marketing Wherever Needed/Other: _____
- I want to donate: Today Monthly Amount: R_____ in words: _____
My gift is included: Cash Cheque I will send/transfer my gift later

Giving by Credit Card

PLEASE NOTE: Credit Card payments are administrated through Three Peaks.

Your Name (as on Card): _____ VISA MASTERCARD Expiry date: (mm/yy): ____/____/____/____

Card Number: ____/____/____/____-____/____/____/____-____/____/____/____ CVC/Last Three Digits on Back of Card: ____/____/____

The Amount of R_____ In Words: _____ Once Monthly

On the 1st day of every month. Straight.

Starting Date (dd/mm/yyyy): ____/____/20____ Increase this amount by _____% Annually. Signature: _____ Date: ____/____/20____.

** See below*

Please remember to also fill in your name and address above

Giving via Debit Order

PLEASE NOTE: Debit Order payments are administrated through Three Peaks.

Special Offer! Please send me the book: "Personal Missionary Partnerships" by our founder and president Steven (Fanie) Loots. This offer is only applicable when accompanied by either a new debit order of R100 or more per month OR a current debit order increase of R100 or more per month.

Please increase my current debit order by R_____ per month. Total new amount per month: R_____ in Words: _____

Type of Account: Cheque Transmission Savings Name of Bank: _____

Branch: _____ Branch Code: ____/____/____/____/____/____ Name of Account Holder: _____

Account Number: ____/____/____/____/____/____/____/____/____/____ The Amount of R_____ In Words: _____

On the 1st 7th 15th 21st 25th 28th 31st day of every month.

Starting Date (dd/mm/yyyy): ____/____/20____ Increase this amount by _____% Annually. Signature: _____ Date: ____/____/20____.

Please remember to also fill in your name and address above

* I understand the withdrawals hereby authorized will be processed by computer through a system known as the ACB/BDB Magnetic tape Service, and I also understand that details of each withdrawal will be printed on my Bank or Credit Card statement or on an accompanying voucher. I agree to pay any Bank charges relating to this debit order instruction/Credit Card withdrawal. This authority may be cancelled by me by giving 30 (thirty) days notice in writing, sent by prepaid registered post, but I understand that I shall not be entitled to any refund of amounts which have been withdrawn while this authority was in force.

Our Banking Details:

Bibles For Believers, ABSA Bank Westgate,
Account 4075040885, Branch Code 632005

Our Contact Details:

PO Box 3571, Kenmare, 1745
E-mail: bibles@mweb.co.za • www.biblesforbelievers.org
Tel: 011-955-1814 • Fax: 086-699-7333

Bibles For Believers
PO Box 3571
Kenmare
1745

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