



FOR OFFICE USE ONLY  
VENUE ID:

BDID:

BATCH NO:

PARTNER NO:

## Response Form - HIM (Harvesters International Ministries)

### Personal Details

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

Where did you learn about us? \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Title: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Code: \_\_\_\_\_ City/Town/Suburb: \_\_\_\_\_

Tel: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

*(We send your receipts and other information via sms)*

• Please send me:  The Newsletter  Info on Short Term Outreaches/Bible Placement trips  Info on Including HIM in my will/life policy

• I want to volunteer:  As a Prayer Partner  24/7 Prayer  Helping with projects  Marketing  Wherever Needed/Other: \_\_\_\_\_

• I want to donate:  Once  Monthly Amount: R\_\_\_\_\_ in words: \_\_\_\_\_

My gift is included:  Cash (please do not post cash)  Cheque  I will send/transfer my gift later

NB! Please use my gift for:  Wherever needed  Staff fund: \_\_\_\_\_ (Name if known)

### Giving by Credit Card *(Please note: All 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: All payments are administrated through Three Peaks)*

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:  
ABSA Westgate, Branch Code: 632005  
Savings Account: 9201442355

Please use your name or partner number as a reference.

Our Contact Details:  
PO Box 3571, Kenmare, 1752  
E-mail: easy2rem@mweb.co.za • www.mission.co.za  
Tel: 011-955-1814 • Fax: 0866-997-333

Harvesters  
PO Box 3571  
Kenmare  
1752