



## Financial Support Commitment Form

Please email the completed form to [info@cbmc.co.za](mailto:info@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"/>
Mobile	<input type="text"/>	Email	<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

<input type="checkbox"/> Monthly EFT	<input type="checkbox"/> Quarterly EFT	<input type="checkbox"/> Monthly Cash/Cheque deposit	<input type="checkbox"/> Quarterly Cash/Cheque deposit	<input type="checkbox"/> Annual payment
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Payment Date	<input type="text" value="1&lt;sup&gt;st&lt;/sup&gt; (or first business day)"/>	<input type="text" value="7&lt;sup&gt;th&lt;/sup&gt;"/>	<input type="text" value="15&lt;sup&gt;th&lt;/sup&gt;"/>	<input type="text" value="31&lt;sup&gt;st&lt;/sup&gt; (or last business day)"/>
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Amount that can be expected	<input type="text"/>	Please remind me about my commitment	<input type="text"/>
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**SIGNATURE**

**DATE**



Snap here to pay

SnapScan

CBMC Bank Details:  
Account Name: CBMC  
Bank: FNB Willowbridge  
Account Number: 6236 1233 176  
Branch Code: 250655