



# AL-NOOR ORPHANAGE CENTRE

## MASTER REFERENCE: IT3317/2001

POSTAL ADDRESS:  
P.O. BOX 1801  
CAPE TOWN 8000

RESIDENCE ADDRESS:  
OPPOSITE WOODSTOCK DAY HOSPITAL.  
BOUNDED BY MELBOURNE RD &  
VICTORIA WALK

TEL: +27 21 447-8472  
FAX: +27 21 447-2985

N.P.O. No. 028 - 544

Email: [alnoororphanagecentre@yahoo.com](mailto:alnoororphanagecentre@yahoo.com)

And hold fast all together, by the rope which Allah (stretches out for You) and be not divided among yourselves  
.....(Quran 3:103) "An Orphan Child, destitute and a disadvantaged child is My Child and Your Child."

### DEBIT ORDER AUTHORISATION IN FAVOUR OF ALNOOR ORPHANAGE

**My banking details are as follows:**

Name of account holder:		Branch Code:	
Bank:		Type of Account:	
Branch Name:		Account Number:	

Amount to be debited :	
Debit Order Start Date:	

I confirm that I have agreed to make a donation to **Alnoor Orphanage** on regular monthly payments. Therefore, I hereby authorise the Bank to permit **Alnoor Orphanage** to debit the monthly Payments referred to above from my account, and to continue withdrawing that payment each month.

I confirm that this debit order authorisation may be revoked, cancelled or amended at time that I so wish to do so and will inform **Alnoor Orphanage**.

SIGNED at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_

**Name and Donors Signature**

Please do not hesitate to contact the **Alnoor Orphanage** office should you require further information regarding this.

Yours sincerely,

**Alnoor Orphanage**