



Since 1937

CEF
CHILD EVANGELISM
FELLOWSHIP®

Reaching children worldwide™

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Agreement and Information for EFT



OFFICE USE ONLY		
Donor Number:	Date Received:	Date Processed:

YOUR NAME

E-MAIL

DATE OF BIRTH

I WANT TO SPONSOR THE CEF MINISTRY OF SOUTH AFRICA 21

WITH A MONTHLY AMOUNT OF:

R5000 R2500 R1500 R1000 R500 OTHER

Amount in Figures

Amount in words:

I WILL MAKE A MONTHLY EFT ON:

Date of EFT:YY/MM/DD eg 15/05/31

CEF NATIONAL OFFICE BANKING DETAILS ARE AS FOLLOWS:
First National Bank
Somerset Mall



Branch Code

Account Number

Account Name
CEF South Africa

REFERENCE: LVT

PLEASE USE THIS INFORMATION IN ORDER FOR CEF TO RECEIVE A PROOF OF PAYMENT

Email address:

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I, the undersigned, agree to make an EFT to Child Evangelism Fellowship to the amount,
I arrangement with Child Evangelism Fellowship.
I may cancel this authorisation by notifying CEF, giving thirty days notice in writing, per registered post or e-mail.
You can send me a monthly reminder.

Signature of Authorised Person

Date

PLEASE MAIL THIS EFT ORDER TO louis.@cefsa.co.za, AFTER YOU'VE COMPLETED AND SIGNED THE FORM.

