# Credit Card Donation

**Attention: Lindy Sutherland**

**Email: foundation@kariega.co.za**

**Fax: +27 (0)41 581 2601**

## DETAILS OF CARD HOLDER:

Name of Card Holder:

Address of Card Holder:

Card Number:

Expiry Date:

Card Type:

CVC:

Telephone:

**AUTHORIZATION:**

**Please DEBIT the above-mentioned credit card in the amount of**:

Please also state in words:

SIGNATURE (or name)

OF CARD HOLDER

DATE