



Somali Integration and Development Association (SIDA)

# Debit Card Authorization Form One-Time & Repeat Gifts

## CARDHOLDER INFORMATION

Name as on card: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

Email: \_\_\_\_\_ Tel: \_\_\_\_\_

## DONATION INFORMATION

I authorize the following payments(s) to be made to the SIDA Drought Appeal Fund

- I authorize a one-time charge against my debit card for;
  - £5
  - £10
  - £20
  - £50

Other, please specify £ \_\_\_\_\_

- I authorize a recurring monthly charge against my debit card for:
  - £5
  - £10
  - £20
  - £50

Other, please specify £ \_\_\_\_\_

## DEBIT CARD INFORMATION

**Card Type:**       MasterCard Debit    Visa Debit    Visa Electron    Maestro

**Number:**                       

**Valid from:**        /   /        **Valid to:**   /   /

**Security Code:**     

**Signed:**      \_\_\_\_\_      **Date:**      \_\_\_\_\_

**Please return to:**      **Somali Integration & Development Association, Unit 50,  
Camberwell Business Centre, 99-103 Lomond Grove, London SE5 7HN**