



the michael project

Yes, I want to support The Michael Project

Your Details

Title _____ First Name(s) _____ Surname _____

Address _____

Telephone _____ Email _____

Regular Donation

I commit to a regular donation of \$ _____ to The Michael Project

Frequency of payment (please tick): Monthly Quarterly Annually

Date of first payment:

Date of last payment:

 or until further notice (please tick):

I will Setup a debit order to the MP Cabs account (see below) make cash / Ecocash payments

Signature: _____

Date :

One-Off Gift

I would like to make a one-off donation of \$ _____

and I enclose the cash / Ecocash transfer **OR** I will transfer to the MP Cabs account (see below)

Signature: _____

Date :

The Michael Project Account Details

CABS

Account Name : The Michael Project
Account Number : 1003145027
Bank : Central Africa Building Society (CABS)
Branch : Platinum Club, Northend Close
Northridge Park, Harare, Zimbabwe
Branch code: 24 000

ECOCASH

Name : River of Life Church
Biller Code: 73141
Reference : The Michael Project

The Michael Project is a ministry of River of Life Church
Please complete this form and return it to
ROL Eastlea - 11 Inverness Road, Eastlea **OR** ROL GP - Gaydon Road, Greystone Park, Harare
www.themichaelproject.org