



ST HELENA SANDVELD HOSPICE

Reg No 2004/002770/08
039-453-NPO

**P O Box 308
Vredenburg, 7380
Tel: (022) 7133738
Fax: (022) 7191285
sthelenahospice@telkomsa.net**

Donation

I would like to make a donation Once only Monthly

Surname: Initials: Mr / Mrs / Miss

Postal Address:

Postcode:

Tel. Bus: (.....) Tel. Res: (.....)

Cellphone: E-mail:

PLEASE PRINT CLEARLY

PLEASE TICK WHICHEVER METHOD IS APPLICABLE, AND COMPLETE THE REQUIRED DETAILS

Cheque I enclose a cheque for R made payable to:
St Helena Sandveld Hospice

Direct Deposit Deposit slip attached - Banking details: St Helena Sandveld
Hospice, Standard Bank Vredenburg, Branch Code: 050-511,
Account No.: 186295073

Debit Order: Amount Bank
Branch Name Branch Code:

Type of account: Savings / Current / Transmission Account No.:

I/We hereby authorise you to debit my/our account, as above, with amount stated, once only / each month, until the order is cancelled my me/us, in writing. Receipt of this instruction by you shall be regarded as receipt thereof by my/our bank.

Signed at on this day of (year)

SIGNATURE AS USED FOR SIGNING CHEQUES:

Credit Card I hereby authorise you to debit the amount of: R against my credit card
account in favour of St Helena Sandveld Hospice.

Cardholders Name: Card Number:

Expiry Date: Last Three Digits (Reverse of Card)

PLEASE ENSURE THAT YOU PUT IN THE EXPIRY DATE OF YOUR CREDIT CARD AND THE LAST THREE DIGITS ON THE BACK OF THE CARD.

Type of card: (e.g. MasterCard) Signature:

We are trying to save postage, please indicate if you require a receipt: Yes No

The Administration Manager
Please post or fax this form to: **St Helena Sandveld Hospice**
P O Box 308
Vredenburg, 7380

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Fax: 022 7191285
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