

DONATION MANDATE MY PERSONAL DETAILS

(PLEASE PRINT)

Title: Mr/Mrs/Miss _____ Other _____

Surname _____ First name _____

Postal address _____

Tel #. (w) _____ (h) _____

Cell _____ Fax _____

Date of birth _____ email. _____

Occupation _____ Organisation/Company _____

Where did you hear about SHAWCO? _____

PAYMENT METHOD BY DEBIT ORDER

I wish to pledge by Debit Order a monthly amount of R _____ Plus bank charges 80cents to SHAWCO on 2nd 15th 25th 30th Other _____ specify _____ and each month thereafter until cancelled in writing. Type of Account Cheque Savings Transmission Bank:

Branch _____

Name: _____ Branch Code: _____ Account #: _____

Signature: _____

Date: _____ **YES, I agree to an annual**

increase of 10% PAYMENT BY CREDIT CARD

Please debit my Visa Card Master Card



My card number is: _____ (Bank) _____ Expiry

date: _____ CVV No.: _____ (3 digit at the back of card) Amount:

R _____ Signature: _____



YES, I agree to an annual increase of 10% Thank you for making a difference! Please return this form to us urgently. Email: donations@shawco.ac.za Tel :+27 (0)21 406 6740