

PLASTER DAY PARTICIPATION FORM

Elastoplast

Helps you heal

NAME OF SCHOOL:	
CONTACT PERSON:	
PHYSICAL ADDRESS:	
	POSTAL CODE:
POSTAL ADDRESS:	
	POSTAL CODE:
TELEPHONE:	
FAX:	
E-MAIL:	

Yes, we'd like to receive the Children's Hospital Trust quarterly newsletter

NUMBER OF PUPILS IN YOUR SCHOOL:	
DONATION AMOUNT PER PUPIL	
ESTIMATED AMOUNT EXPECTED:	

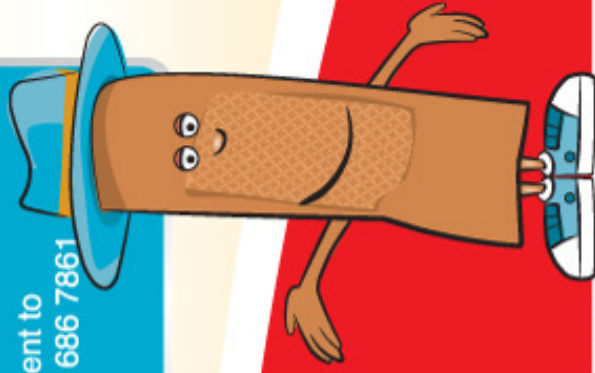
**PLEASE DEPOSIT ALL MONIES COLLECTED INTO THE TRUST'S
BANK ACCOUNT BY FRIDAY, 8 JUNE 2012 TO BE ELIGIBLE FOR A PRIZE**

Bank Details:

Children's Hospital Trust
Standard Bank Rondebosch
Account No: 071443126
Branch Code: 025009

Ref: Plaster and School Name

Please email or fax proof of payment to
plasterday@chtrust.org.za or 021 686 7861
by Friday, 8 June 2012



**PLASTER DAY -
WE DON'T JUST HEAL
CUTS AND SCRAPES
BUT ALSO
HEARTS AND MINDS.**

For more information visit www.childrenshospitaltrust.org.za, call 021 686 7860 or follow us on



childrenshospitaltrust



@chtrust1