THE CHILDREN'S HOSPITAL TRUST

DONATION FORM

Title (eg. Mr / Mrs) Initials First Names

Surname

Postal Address

Postal Code

ID No. Date of Birth (D D M M Y Y)

Cell / Contact No.

Email Address

☐ I would like to subscribe to the Trust's eNewsletter.

1. REGULAR GIVING

I would like to donate the following amount per month:

R100 ☐ R150 ☐ R250 ☐ R500 ☐ Other Amount: R

For a debit order donation:

I/We hereby instruct and authorize you to draw against my/our account with the mentioned bank (or any other bank or branch to which I/we may transfer my/our account) the sum of R the amount necessary for payment of the monthly instalment/premium due in respect of the above mentioned agreement on the day of each and every month commencing on and continuing until cancelled by me/us in writing.

I/we agree that the first payment instruction will be issued and delivered on (D D M M Y Y) and thereafter regularly on the of each month. *

☐ I hereby authorise the Children's Hospital Trust to add a 5% inflationary increase to my debit order each year.

Bank Name

Account No.

Branch Name & Code

Signature: Date:

NB: Only current and savings accounts may be used for debit order purposes

2. ONCE-OFF DONATION

I would like to make the following once-off donation:

R100 ☐ R150 ☐ R250 ☐ R500 ☐ Other Amount: R

To donate via your credit card, please complete details below:

Master Card ☐ Visa ☐ Expiry Date (M M Y Y)

I hereby authorise the Children's Hospital Trust to debit my credit card with the amount I have indicated:

Credit Card No. 3-digit CVC No. (on reverse of card)

Cardholder's Signature: Date:

☐ Cash, crossed cheque or postal order (please enclose)

☐ Direct deposit or EFT (please fax this completed form together with your deposit slip, with your name in the 'Reference' block, to 021 686 7861)

Standard Bank, Acc No: 071443126, Rondebosch, Branch Code: 025009

Scan to donate online.

* ☐ Please tick terms and conditions

A. If however, the date of the payment instruction falls on a non-processing day (weekend or public holiday) I agree that the payment instruction may be debited against my account on the following business day

B. MANDATE
I/we acknowledge that all payment instructions issued by you shall be treated by my/our abovementioned bank as if the instructions had been issued by me/us personally.

C. CANCELLATION
This authority may be cancelled by me/us by giving you thirty days' notice in writing, but I/we understand that I/we shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

D. ASSIGNMENT
I/We acknowledge that this authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party.

Please email this completed form to cht@chtrust.org.za

You can also donate online at **www.childrenshospitaltrust.org.za**

The Children's Hospital Trust issues tax certificates for all donations over R100 per annum, which are tax deductible for South Africans.