



## DONOR PLEDGE FORM

Surname  First Name

ID Number  Donation  Renewal

Province  Region

Gender MALE  FEMALE  Language

Residential Address

Postal Code

Profession  Business/Work Name

Telephone (W)  Cellphone)

E-mail

### PAYMENT INSTRUCTIONS - Mark (X)

R100	R200	R300	R400	R500	R1000	R2000	R5000	OTHER
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FULFILLING ENTIRE PLEDGE	OVER 3/6/12 MONTHLY	CHARGE MY VISA MASTER CARD	CARD NUMBER	CVV CODE
OTHER - STATE / COMMENTS				

Date:

Account Name: HOPE TO HEAL FOUNDATION

Account Number: 6279 123 2459

Branch Code: 25-96-05

FIRST NATIONAL BANK

Transaction Ref:

Total Deposit: R

Depositor's Name:

Contact Number:

**NOTE: It is the responsibility of the Member/Donor to ensure that the pledge amount is met each month and proof emailed([info@hopetoheal.org.za](mailto:info@hopetoheal.org.za)) 18A Certificate will be provided for tax purposes**

### DECLARATION

I solemnly declare that I will abide by my Pledge to the Hope to Heal Foundation. I am supporting the organization voluntarily and without motives of material advantage or personal gain.

SIGNATURE:  DATE:

Website: [www.hopetoheal.org.za](http://www.hopetoheal.org.za) NPO No. 214-552

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