DONATION FORM
CAREL DU TOIT TRUST

☐ YES, I WANT TO DONATE ☐ YES, I WANT TO UPDATE MY DETAILS

Title: First name:

Surname:

Postal address:

Code:

ID no.: Date of birth: Y Y Y Y M M D D

Cell no.: Tel.: Work tel.:

Email address: Fax:

I wish to donate

☐ R50 ☐ R100 ☐ R200 ☐ Other amount: R

In the following way:

☐ Once-off direct deposit / EFT*
(please send us notification)

☐ Enclosed cash or cheque

☐ Monthly debit order
(complete your bank account details below)

*Bank Details for Carel du Toit Trust: ABSA Bank, Acc. No.: 404 823 7586, Parow Branch Code 632005.
(Please include your name and contact details & send the deposit slip or payment advice to kims@careldutoit.co.za or fax to 021 933 2774)

Monthly debit order:

I hereby authorise the Carel du Toit Trust to debit my account monthly on the 1st ☐ or 15th ☐

for the amount of: R Commencing on: Y Y Y Y M M D D

Bank: _____ Branch code: _____ Account type: _____

Account holder: _____ Account number: _____

Credit card:

☐ Once-off debit: ☐ Monthly debit order:

Card number: CVV no.: Expiry date: Y Y M M

Signature: _____ Date: Y Y Y Y M M D D

VISIT www.careldutoit.co.za TO DONATE ONLINE

☐ Please tick if you wish to receive future communications from the Carel du Toit Trust.
Newsletters are mailed 3 times per annum.

FA CDT 11566