Carel du Toit Trust
Enabling children to hear and speak

THE CAREL DU TOIT TRUST

DONATION FORM

Title (e.g. Mr / Mrs) | Initials | First Names

Surname

Postal Address

ID No.

Cell/Contac 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:

R50 ☐ R100 ☐ R150 ☐ R250 ☐ Other amount

For a debit order donation:

I wish my debit order (amount indicated above) to begin- of ☐ and each month thereafter.

Bank Name

Account No.

Branch Name & Code

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

MasterCard ☐ Visa ☐ Expiry Date (M M Y Y)

☐ **I hereby authorise the Trust to debit my credit card with the amount I have indicated:**

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

Signature:---------- Date:----------

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

2. ONCE-OFF DONATION

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

R50 ☐ R100 ☐ R250 ☐ R500 ☐ Other amount: R

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

MasterCard ☐ Visa ☐ Expiry Date (M M Y Y)

☐ **I hereby authorise the Trust to debit my credit card with the amount I have indicated:**

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

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

☐ Direct deposit or EFT (please fax this completed form with your deposit slip, with your name in the 'Reference' block, to 021 933 2774
Email Payment Advice to: ctfundraising@careldutoit.co.za