



HISTORIC SCHOOLS RESTORATION PROJECT

P L E D G E F O R M

TO COMPLETE THIS FORM, PLEASE PRINT IT OUT, FILL IN BOTH PAGES AND FAX TO
THE HSRP OFFICE – FAX NO: 021 713 2093

Kindly print clearly in block capitals, using black or dark blue ink to ensure legible fax transmission

DONOR INFORMATION

Name	
Address Line 1	
Address Line 2	
Address Line 3	
Postal Code	
Telephone (home)	
Telephone (business)	
Fax	
Email	

PLEDGE INFORMATION

Please indicate by ticking the appropriate block/s how you wish to make a donation:

1. ONCE-OFF DONATION

I would like to make a once-off gift of R

2. ANNUAL OR MONTHLY PLEDGE

R

Annually

Monthly

(See next page for payment method options and specifying starting dates etc.)

Please indicate your donation preference:

General donation to the Historic Schools Restoration Project

To a particular school (please specify):

PAYMENT OPTIONS

Please indicate your intended method of payment by ticking the appropriate box and complete the requested information where applicable.

1. DIRECT DEPOSIT OR ELECTRONIC TRANSFER

Account name: Restoration of Historic Schools • Account No: 07 032 4700 (current account)

Bank: Standard Bank of South Africa • Branch: Cape Town • Branch Code: 020009

Please use your name as the beneficiary reference (if you wish to be acknowledged).

2. CHEQUE Payable to: Restoration of Historic Schools

If not collected, please post your cheque, together with this form, to:

Historic Schools Restoration Project, Postnet Suite 48, Private Bag X12, TOKAI 7966

3. DEBIT ORDER PAYMENT – Authority for donation by annual/monthly debit order:

I,, authorise the

Restoration of Historic Schools to debit R X months / years

from my Transmission / Current / Savings account (delete inapplicable options).

Account Name:

Account Number:

Bank:

Branch Name: Branch Code:

Start date: / / End date: / /
(DD / MM / YYYY) (DD / MM / YYYY)

Until further notification (if you tick this option, do not fill in 'End date')

Signature: Date / /

3. CREDIT CARD PAYMENT

VISA MASTERCARD DINERS CLUB
(OTHER)

Credit Card No:

Cardholder's Name:

Card Expiry Date: / (MM / YY)

CVV No:

Signature: Date / /