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e-Health Foundation Donation / Volunteer & Sponsorship Form

Sending the form

Please complete this form using BLOCK letters and return by mail to us (P O Box 241, Durbanville, South Africa, 7551) with your cheque or deposit slip enclosed. Alternatively fax to +27 86 618 9792, or email officeadmin@ehealthfoundation.org.za.

Your Donation, Volunteer or Sponsorship wish

I would like to: make a once off donation sign-up as a volunteer
 make a donation on a monthly basis sponsor my services or products

To the following programme / project SeniorSafe Project FallAware Programme
 DreamFoundation Project Split donation between all of them

My donation should be made in the amount of:-

R 20 R 50 R 100 R 200 R 500 R 1000

And / or as a sponsor and / or volunteer, I am able to assist the specified project/programme in the following manner:-

(Sponsors & volunteers will be contacted to finalise details)

Your Details

Title (Mr. / Mrs. / Ms.) Initials First Name

Surname Donor Ref # (if any)

Organisation Name (FOR CORPORATE DONORS/SPONSORS/VOLUNTEERS)

Landline (COUNTRY CODE) (AREA CODE) (TELEPHONE NUMBER) Cellphone (COUNTRY CODE) (AREA CODE) (TELEPHONE NUMBER)

Postal Address (BOX # / STREET # & NAME) (AREA) (PROVINCE) (COUNTRY) (POSTAL CODE)

email address

Please send me a receipt Vat# Registration #

For monthly donations a receipt will be sent in April for your tax return

Please send me news and events regarding e-Health Foundation (permission required in accordance with our anti-spam policy)

Corporate sponsors will be contacted regarding branding opportunities on our website and other marketing materials.

Donation Methods

Credit Card Visa Master American Express Name on Card CVV last 3 digits on back of card

Card Number Expiry Date please ensure card valid for 3 months from today

Authorised signature

I hereby authorise e-Health Foundation to charge my credit card for the once-off / monthly donation as specified. I acknowledge that monthly donations will be processed on the 16th of each month & I agree to cancel this request via email (officeadmin@ehealthfoundation.org.za) 10 days prior to the processing date should I wish to cancel this donation.

Cheque Please make cheque out to: e-Health Foundation.

EFT & Direct Deposit Please deposit into our account as follows: **Bank:** First National Bank . **Branch:** Tygervalley . **Branch Code:** 220323 . **Account Number:** 6232 433 2527

Debit Order Monthly debit orders will be processed on the 16th day of every month, or the closest day thereto should this day fall on a public holiday or Sunday.

I, the undersigned, herewith authorise e-Health Foundation to arrange with my bank / building society for the amounts to be drawn against my account in accordance with the debit order system.

Name of Bank Branch

6 Figure Branch Code Account Number

Type of Account (please tick) Cheque Savings Transmission

Authorised signature

I acknowledge that the party hereby authorised to effect the drawing(s) against my account may not cede or assign any of its rights to any third party without my prior written consent and that I may not delegate any of my obligations in terms of this contract/authority to any third party without prior written consent of the authorised party. In addition I am aware that this arrangement will remain valid until it is recalled in writing by either party.

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