



Donation Form

Please tick the appropriate option.

New Donor Existing Donor Donor Number: _____

Title: _____ Name: _____

Address: _____

City/Town: _____ Postal Code: _____

Tel. (H): () _____ Tel. (B): () _____

Cell no: _____ Email: _____

Credit Card Payment Option

I wish to make a donation to the amount of R _____ to South African Guide-Dogs Association.

Please Debit my: Master Card Visa Card Diners Club Amex

Card No:

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Expiry Date:

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 CVV:

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Signature: _____ Date: _____

Monthly Debit Order

I wish make a monthly donation to the amount of R _____ to S A Guide-Dogs Association.

Type of Account: Current Transmission Savings

Bank Name: _____ Branch Name: _____

Branch Code: _____ Account No: _____

Signature: _____ Date: _____

I/We acknowledge that the party hereby authorise to effect the drawing(s) against my/our account may not cede or assign any of its rights to any third party without my/our prior written consent and that I/we may not delegate any of my/our obligations in terms of this contract/authority to any third party without prior written consent of the authorised party.

South African Guide-Dogs Association for the Blind

