+27 82 808 6099
foundation@macahfoundation.org.za

PO Box 29864, Danhof, 9310
205 Nelson Mandela Drive, Bloemfontein, 9301

macah FOUNDATION
www.macahfoundation.org.za

Debit Order : DONATIONS AND FUNDRAISING

A. Donor Details

Please print and mark with X where applicable. **** = Compulsory fields.***

	ORGANISATION	*INDIVIDUAL DONOR or PRIMARY CONTACT PERSON in Donor Organisation
Name		*Title / Name/ Initials
		*Surname
Postal address		Address
		Street
City/Suburb		City/Suburb
Province		Province
Postal Code		*Postal Code
VAT No		ID no/ * Birthdate (Y Y M M D D)
Business unit		UFS Student no
Designation		UFS Personnel no
Tel no (Landline)		*Cell no
*Email		
Email address for delivery of 18A Certificate	As above / or	
Website		

* B: Debitorder Authorisation

I hereby authorise the bank mentioned below (or any bank to which I may transfer my account) to debit my account in favour of the **MACAH FOUNDATION NPC**, as follows:

R (rand) (R100 minimum)

Monthly	12 months	24 months	Open-ended	Once-off

with effect from: D D M M 2 0 Y Y — For office use: to: D D M M 2 0 Y Y

Name of bank: — Account no:

City/ Town: — Branch number:

REMARKS:

- *Each deduction will be shown on your bank statement.*
- *The banking costs will be borne by the donor.*
- *You may cancel the above authorisation by giving thirty days' prior written notice.*
- *Your tax exemption certificate will be sent to you as soon as possible after the end of the tax year.*

Savings acc:

Cheque acc:

Transmission acc:

Donations are tax deductible in South Africa.

Signature

D D M M 2 0 Y Y

EFT Transaction

Please use the following bank details

Nedbank | Account no: **1142702030** | Branch Code: **198765**

Reference: **MAC, Surname & Initials**

Please send proof of payment to: **foundation@macahfoundation.org.za**

Directors: GJ Van Zyl, Prof | A Venter, Prof | R Van Zyl, Dr | K Selebano, Me | A Laubscher, Dr | D Abbey, Mr | Nematswerani N, Dr | Lewin R, Me
NPC Reg 2016 / 523585 / 08