

Knysna Sedgefield **HOSPICE**

DONOR CLUB APPLICATION FORM

Name: _____

Address _____

Home Phone _____ Cell Phone _____

E-Mail Address _____

Number of units required at R50 per unit _____

Payment Method: (Please tick)

Monthly Debit Order _____ Electronic Transfer _____

Do you require a receipt for tax purposes? _____

Please note that your name will only be entered for the quarterly draw once your payment has been received.

Payment Options:

1. Debit Order/Stop Order: Arrange a debit order with your bank for either a monthly deduction or an annual payment. (R600 per unit per annum or R50 per unit per month)

2. Electronic Transfer: Our bank details are given below.

Name of Account:	Hospice Knysna
Bank:	Nedbank, Knysna
Branch Code	198765
Account Number	1089045948
REFERENCE:	Unit number (Unit no will be supplied by Hospice)

Quarterly draws take place at the end of January, April, July and October

DATE _____ SIGNED _____

Knysna Sedgefield Hospice Donor Club is registered with the National Lotteries Commission

