

# Knysna Sedgefield **HOSPICE**

## SWEEPSTAKES (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) OR your name**

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

