

PLEDGE FORM

I hereby make/ pledge my donation to the 'I Believe in Epworth' Trust and request that I am contacted each year to ensure that all the attached details are up to date and in order.

Personal Details

Name / Organisation: _____

Residential Address: _____

Postal Address: _____

Email: _____

Tel: Home: _____ Work: _____

Cell: _____ Fax: _____

Relationship to Epworth: Past Pupil, Year left: _____ House: _____

Past Parent Past Staff Current Parent Current Staff Friend of Epworth

Amount of pledge: R/\$/£ _____ lump sum donation

R/\$/£ _____ per month

R/\$/£ _____ per quarter

R/\$/£ _____ per annum for _____ years

Date of donation/ commencement of donation _____

This amount may / may not be increased at the rate of 10% per annum on each Anniversary of the original date of commencement of my pledge.

Choice: I wish my pledge/ donation to be allocated to *(please tick appropriate box or specify)*

Bursaries Theatre Chapel stained glass window The Board's discretion

Other *(please specify)* _____

ALL DONORS WILL RECEIVE A TAX CERTIFICATE QUALIFYING THEM FOR CURRENT TAX BENEFITS

(Kindly return to P/Bag X08, Scottsville, 3209, fax to 086 538 8256 or email to board@epworth.co.za)