

'I BELIEVE IN EPWORTH' TRUST

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: _____

Work address: _____

Postal Address: _____

Email: _____

Tel No's: Home: _____ Work: _____

Cell: _____ Fax: _____

Relationship to Epworth: Past Pupil, Past Parent, Past Staff, Current Parent, Current Staff

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

R/\$/£ _____ per month

R/\$/£ _____ per quarter

R/\$/£ _____ per annum

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.

Comments re my donation _____

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

(Kindly return to PB X08, Scottsville, 3209, fax to 033-386 1985

or email to board@epworth.co.za)

Method of payment

Direct transfer/ deposit (Please quote your initials, surname and 'IBIET' as the deposit reference)

Bank: **FNB CORPORATE – PMB**

Branch code: **257355**

Account type: **Call**

Account no: **62049483738**

Account name: **'I BELIEVE IN EPWORTH' TRUST**

Cheque (Please make payable to I Believe in Epworth Trust)

Debit order

Bank name _____ Current account Savings account

Account number _____ Bank branch code _____

Account holder _____ Bank branch name _____

Debit order deduction authority:

I hereby request 'I Believe in Epworth' Trust to draw against my above-mentioned account each month quarter year , until cancelled by me in writing, the amount necessary for payment due by me in terms of the 'I Believe in Epworth' Trust Pledge Form signed by myself on

_____ 20_____

I request my bank to debit such account on the last day of each relevant month.

Account Holder Signature: _____ Date: _____

Name / Organisation (block letters): _____

Address: _____

Contact Phone no: _____

Signature

Signed at _____ this _____ day of _____ 20_____

Signature _____

Name/ Organisation _____