



PLEDGE FORM

Join us on

**The Mission is Simple. The Challenge is Huge.
Support Us Today!**



Title _____ First Name _____ Surname _____

Postal Address _____ Postal Code _____

Telephone (h) () _____ Telephone (w) () _____ Fax () _____

Mobile _____ Email _____

Donation Options: Please indicate with an X below whether you wish to make a (1) Once-off Donation or an (2) Annual Pledge:

1. One off Donation. I would like to make a gift of R..... to Christel House.
2. Annual or monthly pledge of R..... Annual/Monthly Pledge Start Date End Date.....

GIFT OPTIONS

Please indicate with an X which aspects of the Project you wish to support for 1 year:

- | | |
|--|---|
| <input type="checkbox"/> Transporting 30 children per week R3000 | <input type="checkbox"/> School uniform for 30 children R13 000 |
| <input type="checkbox"/> Feeding 30 children per week R4000 | <input type="checkbox"/> Health Services for 30 children R15000 |
| <input type="checkbox"/> Stationary for 30 children R6000 | <input type="checkbox"/> Full Scholarship for 1 child R40 000 |
| <input type="checkbox"/> Text Books for 30 children R10 000 | <input type="checkbox"/> Any other donation |

PAYMENT OPTIONS: Please indicate with a X your preferred method of payment:

BANKING DETAILS

ACCOUNT NAME: Christel House SA

BANK NAME: Nedbank **BRANCH:** Pinelands **BRANCH CODE:** 104 47 09

ACCOUNT NUMBER: 104 7039 117 **TYPE:** Money Market Investment Account **SWIFT ADDRESS:** NEDSZAJJ



1. CHEQUE

Payable to Christel House SA. Please email your cheque, together with this form to Christel House SA, P.O Box 767 Howard Place, 7450

2. DEBIT ORDER PAYMENT

Authority for donation by annual/monthly debit order:

I.....authorise Christel House SA to debit my account as follows:

R.....x.....months/years from my savings/current account

Name of account to be debited

Bank Account number.....

Branch name and Branch code.....

Start date.....

Signature.....

4. CREDIT CARD PAYMENT

Authority for donation by Credit Card for Christel House SA

Please charge my gift of R _____ to my credit card

Please debit my: Master Card VISA American Express

Card Number _____

Start date _____ End date _____

Signature _____ Date _____

For additional information e-mail info@sa.christelhouse.org