



**Donor Information (please print or type)**

Name	
Billing address	
Postal Code	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	

**Pledge Information**

I (we) pledge a total of \_\_\_\_\_ to be paid: \_\_\_\_ now \_\_\_\_ monthly \_\_\_\_ quarterly \_\_\_\_ yearly.

I (we) plan to make this contribution in the form of: \_\_\_\_ electronic transfer \_\_\_\_ cheque \_\_\_\_ credit card

**INVESTEC BANK**

Client Name: THE FRIENDS OF SAMARA TRUST

Electronic Account number: 50004170194

Investec Branch Code: 580105

Branch Name: Graaff-Reinet South Africa

FAX OR EMAIL DEPOSIT SLIP WITH REFERENCE: SURNAME

Credit card type	
Credit card number	
Expiration date	
Authorised signature	

**Acknowledgement Information**

Please use the following name(s) in all acknowledgements:

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\_\_\_\_ I (we) wish to have our gift remain anonymous.

Signature(s)
Date