

UKWAKHA



ISIZWE

PLEDGE FORM

BUILDING THE NATION

WWW.UIFFOUNDATION.CO.ZA

JOIN US AS WE BUILD OUR NATION!

NAME _____

CONTACT NO. _____ EMAIL _____

ADDRESS _____

I agree to the donation of R _____ on the first of each month in the format below stipulated for the duration of _____ months.

All such withdrawals from my account shall be treated as though they were signed by me.

NAME (Print) _____ SIGNATURE _____

SIGNED AT _____ ON THE ____ DAY OF _____ YEAR _____

DEBIT ORDER

CREDIT CARD

NAME _____

CARD NAME _____

BANK/ ACC. TYPE _____

CARD NO. _____

BRANCH _____

EXPIRY DATE _____

ACCOUNT NO. _____

CARD TYPE _____

I hereby authorise you to issue and deliver payment instructions for collection against my above-mentioned account (or any other bank or branch to which I may transfer my account) on the condition that the sum of such payment instructions never exceed my obligations as agreed to in the agreement commencing on the date above and continuing until this authority and mandate is terminated by me through giving you notice in writing of not less than 20 ordinary working days.

BANK DETAILS

ACC. NAME Ukwakha Isizwe Foundation

BANK First National Bank – Current

BRANCH 250 655 – Bedford Gardens

ACCOUNT NO. 62808120612

SWIFT CODE FIRNZAJJ

PLEASE REFERENCE "UIF + YOUR NAME" ON ANY PAYMENTS (I.e: UIFJANE)



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