



## CAPE TOWN CHILD WELFARE

# DONATION FORM

Please return this form together with payment to:  
**Cape Town Child Welfare**  
P O Box 374  
GATESVILLE  
7766

**TITLE** (Please tick the appropriate box):

Mr	Mrs	Ms	Dr	Prof	Hon	Rev	Other
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**First Name/s (in full):** \_\_\_\_\_

**Surname:** \_\_\_\_\_

**Postal Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Code:** \_\_\_\_\_

**Daytime Contact Number: (code):** \_\_\_\_\_ **(number):** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Donation: R** \_\_\_\_\_

Please tick if you require an 18A Tax exemption certificate:  **YES**  **NO**

Electronic Payments can be deposited into the following Cape Town Child Welfare bank account. Please fax proof of deposit to Jenny Wrankmore, fax number 021 638 5277.  
(Please mark deposits with your name)

**First National Bank**

**Account Name:** Cape Town Child Welfare

**Account Number:** 501 903 901 92

**Branch Code:** 20-01-09

**Swift Code:** FIRNZAJJ112244

For your convenience you can also, if prefer, donate through "MY GATE"  
situated in our website: [www.helpkids.org.za](http://www.helpkids.org.za)

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

