

Sponsor Information

Name & Surname	
Name of Company/Business	
Preferred Name on PBO Receipt	
Postal Address	
Work nr.	
Mobile nr.	
Email Address	

Indicate if you require a section 18A receipt	YES	NO
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Please CHOOSE ONE of THE FOLLOWING OPTIONS: (Mark with "X" in box)

OPTION 1: (Single donation)

Single Donation Amount:	R
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Use my donation for: (Mark with "X" in box)

<input type="checkbox"/> CHILLED- Homework Centre	<input type="checkbox"/> Doodlenastics Art Academy
<input type="checkbox"/> @Tap Music Academy	<input type="checkbox"/> GOING-GREEN Initiative
<input type="checkbox"/> Community UPLift	<input type="checkbox"/> CHillAX- Youth Centre
<input type="checkbox"/> LiveFIT North Functional Gym	<input type="checkbox"/> @Tap BUILDING PROJECT

BANKING DETAILS FOR DONATIONS

Account name: Durban North Baptist Church **Trading as:** @Tap Community Centre

Bank: Standard Bank **Account nr:** 051-350-300

Account type: Current Account **SWIFT Code:** SBZAJJ

Branch name: Durban North **Branch code:** 051001

Please use **your name as a reference** for your donation, and **complete this form** and send it to:

"janm@dncc.org.za" to ensure that we allocate the funds to the correct project.

OPTION 2: (Monthly DEBIT ORDER donation)

Monthly Donation Amount:	R
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Use my donation for: (Mark with "X" in box)

<input type="checkbox"/> CHILLED- Homework Centre	<input type="checkbox"/> Doodlenastics Art Academy
<input type="checkbox"/> @Tap Music Academy	<input type="checkbox"/> GOING-GREEN Initiative
<input type="checkbox"/> Community UPLift	<input type="checkbox"/> CHillAX- Youth Centre
<input type="checkbox"/> LiveFIT North Functional Gym	<input type="checkbox"/> @Tap BUILDING PROJECT

ALL DEBIT ORDERS WILL RUN ON THE LAST DAY OF THE MONTH

Date of First Payment:	Date of Last Payment:
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Account type:	Name of bank:
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Name on card or account holder:	
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Account/Card nr:	
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Branch name (compulsory):	
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Branch code (compulsory):	
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SWIFT code (international payments):	
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I, _____, the undersigned, herewith authorise the @Tap Community Centre to arrange with my authorised financial services provider, for the above mentioned amount to be drawn against my account.

Signed at _____ on this _____ day of _____ 20 ____ .

Authorised Signature: _____ .

Please complete this form and send it to: "janm@dncc.org.za"