

REQUEST FOR SECTION 18A DONATIONS RECEIPT

To: CHOC Childhood Cancer Foundation SA

Email to: national@choc.org.za

Fax to: 011 486 1551 Finance Department

Details of donation:

Date of deposit:	DD/MMMM/YYYY
Company name (if applicable, in full):	
Postal address:	
Postal Code:	
Telephone:	+27
Facsimile:	+27
Amount:	R
Account no (funds were deposited in):	

Donor details:

Donor/contact name (in full):	
Email address:	
Cellphone:	+27

Please attach proof of deposit.