



DONATION FORM

Please fill in the form below and fax along with proof of payment (if relevant) to: **+27 11 326 4998** or email to headoffice@choc.org.za

				First Name:	Surname
Mr	Mrs	Miss	Ms		

CONTACT DETAILS		POSTAL ADDRESS:	
Telephone Work:			
Telephone Home:			
Facsimile No:			
Cell phone:			
E-mail:		Postcode:	

METHOD OF DONATION:

CASH

Please deposit into the following account & fax us the deposit slip along with this filled in form:
 Standard Bank, Killarney Branch
 Branch sort code: 00 72 05
 Current Account Number: 20 027 806 1
 Name: CHOC Childhood Cancer Foundation South Africa.

CREDIT CARD

Please supply the following details, sign below & return to us:

Please select one:

<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card
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Name on Credit Card:	
Credit Card No:	
Expiry Date:	
CVC No (last 3 digits on back of card):	

Signature: _____



DONATION FORM

INTERNET PAYMENT

Please transfer into the following account & fax/email us the proof of payment, along with this filled in form:

Standard Bank, Killarney Branch
Branch sort code: 00 72 05
Current Account Number: 20 027 806 1
Name: CHOC Childhood Cancer Foundation South Africa.

STOP ORDER

Please set this up with your bank and inform us by filling in this form and faxing/emailing back to us.

CHOC Childhood Cancer Foundation keeps a database of all its donors and sponsors so that they may be informed of any future interesting CHOC activities.

Please indicate by ticking the appropriate box whether you would like to stay in touch with CHOC in this way.

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Thank you for your support and for helping to keep more than hope alive.