



PLEDGE FORM

Thank you for seizing the opportunity to partner with us monthly as we journey together to uplift learners and provide life-changing opportunities for them.

Here is what you need to do now:

- 1. Fill in the Pledge Form and send it back to us (info@amathubafoundation.org)**
- 2. Contact your bank to set up a monthly debit order/scheduled payment.**
- 3. Please use your name and surname as a reference.**

Kind regards

The Amathuba Foundation Team

Given by (full name of Accountholder): _____

Donor Type: Individual / Company

Address: _____

Bank: _____

Branch and Code: _____

Account Number: _____

Amount per month: R_____

Date of debit order/scheduled payment: 25th / 1st / 5th

Contact Number: _____

ID Number: _____

Email: _____

I _____ (full name) pledge to give a monthly amount of R_____ to the Amathuba Foundation commencing on the ____ - ____ - ____ (dd-mm-yy).

I commit to giving 3 months' notice should I need to terminate this pledge agreement.

Signed: _____ Date: _____

OUR BANK DETAILS:

The Amathuba Foundation NPC

First National Bank

Account type: Business Account

Account number: 62839373355

Branch code: 210835

Swift Code: FIRNZA

****Reference: Your name & surname**