



HELP SENIORS

050-594-NPO
18A: 9576/279/16/1

✉ 41044, Moreleta Rif / Ridge, 0044
19 Selati Street / Straat, Ashlea Gardens, Pretoria
☎ 012 346 5492 / 📠 086 502 3987
www.helpseniors.co.za 📧 admin@helpseniors.co.za

DONOR / VOLUNTEER / MEMBER

SURNAME: INITIALS: TITLE:

NICK NAME: ID NR:

IF COMPANY, PLEASE SUPPLY NAME:

CONTACT PERSON:

POSTAL ADDRESS: CODE:

CELL: TEL/FAX: E-MAIL:

I am /We are interest to become a **VOLUNTEER(S)** for Help Seniors. Please supply more information. **YES NO** (Mark)

To (Mark
choice)

Own Discretion	Soshanguve	Atteridgeville	Centurion	Eersterust	Pretoria CBD	Mamelodi	Hermanstad
-------------------	------------	----------------	-----------	------------	-----------------	----------	------------

A Donation of R300 and more from an individual and R1 000 from an organization/company gives you (if you so wish) automatic **Help Seniors Membership** for one year. Benefits: Full voting rights at Annual General Members' Meetings, Annual Report and a 6-monthly Newsletter.

Bank Details: Help Seniors, ABSA Woodlands Branch, Cheque Account Number: 4065139181, Reference: Your name

Mail: PO Box 41044, Moreleta Ridge, 0044 * **Fax:** 0865023987 * **e-mail:** admin@helpseniors.co.za * **sms:** 072 349 8395

DEBIT ORDER INSTRUCTION AGREEMENT (should you wish to sign a debit order)

The details of my/our bank account are as follows:

Bank: **Branch Name and Number:**

Account Number: **Type of Account:** Cheque-/Savings-/Transmission (Mark)

We hereby authorize you to draw against my/our account with the abovementioned bank (or any other bank or branch to which I/we my transfer my/our account) the sum of R (and amount in words), on the day of each and every month commencing on

.....20 and continuing until termination of our agreement or until cancelled by me/us in writing. All such withdrawals from my/our bank account by you shall be treated as though they had been signed by me/us personally. **I/we understand that the withdrawals hereby authorized will be processed through a computerized system known as ACB-magnet strip service, I also understand that details of each withdrawal will be printed on my bank statement or on an accompanying voucher. I/we agree to pay any bank charges relating to this debit order instruction. In case of a cheque account, I/we agree to provide a cancelled cheque. This authority may be cancelled by me/us by giving you thirty days' notice in writing, sent by prepaid registered post, but I/we understand that I/we shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you. Receipt of this instruction by you shall be regarded as receipt thereof by my/our bank (whichever it is or will be). **ASSIGNMENT: I/we acknowledge that the party hereby authorized to effect the drawing(s) against my/our account may not cede or assign any of its rights to any third party without my/our prior written consent and that I/we may not delegate any of my/our obligations in terms of this contract/authority to any third party without prior written consent of the authorized party.

Signed at on this day of 20

.....
SIGNATURE AS USED FOR SIGNING CHEQUES

.....
ASSISTED BY (where legally necessary).

Name of Fundraiser: Signature: Date: