



FOR OFFICE USE ONLY
VENUE ID: _____

EVENT ID: _____

BATCH NO: _____

PARTNER NO: _____

HARVEST AID Response Form

Personal Details

Venue/Where did you learn about us? _____ I am a new partner I am an existing partner

Last Name: _____ First Name: _____ Title: _____

Postal Address: _____ Code: _____ City/Town/Suburb: _____

Tel: _____ Cell: _____ E-mail Address: _____

(We send your receipts and other information via sms)

- Please send me*: The Newsletter Info on Including Harvest Aid in my will/life policy Info regarding Comrades/Run-for-Charity
- I want to volunteer: Helping with projects Marketing Wherever Needed/Other: _____
- I want to donate: Today Monthly Amount: R _____ in words: _____
- My gift is included: Cash Cheque I will send/transfer my gift later
- NB! Please use my gift for: Child Sponsorships - Child No: HA- _____ (see website for detail) Child/granny-headed families School feeding projects
- Staff Fund: _____ (Name if known) Wherever Needed/Other: _____

Giving by Credit Card

Please note: All payments are administrated through Three Peaks.

Name as on Card: _____ VISA MASTERCARD Expiry date: (mm/yy): ____/____/____/____

Card Number: ____/____/____/____-____/____/____/____-____/____/____/____ CVC/Last Three Digits on Back of Card: ____/____/____

The Amount of R _____ In Words: _____ Once Monthly

On the 1st day of every month. Straight.

Starting Date (dd/mm/yyyy): ____/____/20____ Increase this amount by ____% Annually. Signature: _____ Date: ____/____/20____.

**See below *Please remember to also fill in your name and address above

Giving via Debit Order

Please note: All payments are administrated through Three Peaks.

Type of Account: Cheque Transmission Savings Name of Bank: _____

Branch: _____ Branch Code: ____/____/____/____/____ Name of Account Holder: _____

Account Number: ____/____/____/____/____/____/____/____/____/____/____ The Amount of R _____ In Words: _____

On the 1st 7th 15th 21st 25th 28th 31st day of every month.

Starting Date (dd/mm/yyyy): ____/____/20____ Increase this amount by ____% Annually. Signature: _____ Date: ____/____/20____.

*Please remember to also fill in your name and address above

** I understand the withdrawals hereby authorized will be processed by computer through a system known as the ACB/BDB Magnetic tape Service, and I also understand that details of each withdrawal will be printed on my Bank or Credit Card statement or on an accompanying voucher. I agree to pay any Bank charges relating to this debit order instruction/Credit Card withdrawal. This authority may be cancelled by me by giving 30 (thirty) days notice in writing, sent by prepaid registered post, but I understand that I shall not be entitled to any refund of amounts which have been withdrawn while this authority was in force.

Our Banking Details:
Harvest Aid, ABSA Bank Westgate,
Cheque Account 4075041297, Branch Code 632005

Our Contact Details:
Harvest Aid P.O. Box 3571 Kenmare 1745 R.S.A.
E-mail: harvestaid@gmail.com • www.harvestaid.org
Tel: +27 11-664-6149 • Fax: +27 866-997-333

Harvest Aid
PO Box 3571
Kenmare
1745

Harvest Aid is a registered Section 21 Company (2007/020574/08) and NPO (80515).
Tax rebate certificates are available on request (Section 18a)
PBO: 930031997.