Make a gift

(sien keersy vir Afrikaans)

UNIVERSITEIT·STELLENBOSCH·UNIVERSITY
HOPE PROJECT

DEAN'S FUND - FACULTY OF ENGINEERING

TITLE _____ INITIALS _____

SURNAME _____

MAIDEN NAME _____

DATE OF BIRTH _____

STUDENT- OR ID-NUMBER _____
(your student number appears on your SU-mail)

POSTAL ADDRESS _____

_____

TELEPHONE (HOME) _____

TELEPHONE (OFFICE) _____

E-MAIL ADDRESS _____

KINDLY INDICATE YOUR PREFERENCE

☐ My donation must be applied towards the Dean's Fund – Faculty of Engineering
☐ Other (please specify) _____

SINGLE CONTRIBUTION

My contribution is: _____
(cheque payable to **Stellenbosch University**, included herewith)

PAYMENT OPTIONS

Please complete and post, email or fax the form to Stellenbosch University for reference purposes:
Development & Alumni Relations, Private Bag X1, Matieland 7602 – Fax: 086 569 5372 - Email: jhs1@sun.ac.za

DIRECT DEPOSITS

RSA: Stellenbosch University
BANK: Standard Bank
BRANCH: Stellenbosch
BRANCH CODE: 05 06 10
ACCOUNT NAME: Stellenbosch University
ACCOUNT NUMBER: 073006955
REFERENCE: R710 + Donor's initials & surname

UK: Stellenbosch University SA Foundation UK
BANK: NatWest Bank, City of London Office
ACCOUNT NAME: Stellenbosch University SA Foundation UK
ACCOUNT NUMBER: 39448843
Sort Code : 60-00-01
E-mail or fax a copy of this form to:
Mr William Frankel: bill.frankel@penningtons.co.uk or
fax UK +44 (0) 20 7457 3240

USA: Friends of the University of Stellenbosch Foundation
BANK: Wachovia Bank, S.W.I.F.T Code PNBPUS33
ACCOUNT NAME: Friends of the University of Stellenbosch Foundation
ACCOUNT NUMBER: 2000061370450
IRS Federal Tax number : 13-4091453
E-mail or fax a copy of this form to:
Ms Joan Weyers: jhs1@sun.ac.za
fax RSA + 27 86 569 5372

REST OF THE WORLD:
BANK: First National Bank Cape Town
BANKADDRESS: 5th Floor, Media City, No 1
Heerengracht, Foreshore, Cape Town
ACCOUNT NAME: Stellenbosch University - Foreign Income
ACCOUNT NUMBER: 621 0717 7083
BRANCH CODE: 204 109
S.W.I.F.T ADDRESS: FIRNZAJJ

DONATION PER CREDIT CARD

credit card number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ expiry date ☐☐ ☐☐
type of card _____ last 3 nos. on reverse side of card ☐☐☐

BANK DEBIT ORDER

bank _____ town/city _____ branch _____
branch code ☐☐☐☐☐☐☐☐ account number ☐☐☐☐☐☐☐☐☐☐

To promote Stellenbosch University, I the undersigned, hereby donate the following amount to the University:
(please indicate the amount you prefer to donate)

my contribution ☐ R50 ☐ R100 ☐ R250 ☐ R1000 ☐ other amount

frequency ☐ monthly ☐ quarterly ☐ half-yearly ☐ annually

period ☐ 1 year ☐ 2 year ☐ 3 year ☐ 4 year ☐ 5 year ☐ until my notification to alter in writing

date of first deposit _____

SIGNATURE _____ DATE _____

I / we acknowledge that the party hereby authorised to effect the drawing(s) against my / our account may not cede or assign any of its rights to any party without my / our prior consent and that I / we may not delegate any of our obligations in terms of this contract / authority to any party without prior written consent of the authorised party.

I would like to receive more information regarding a **bequest to** Stellenbosch University. Yes ☐ No ☐

www.thehopeproject.co.za
www.sun.ac.za/eng