

REQUEST FORM

SECTION 18A DONATIONS RECEIPT



Please fill in the form below and email
along with proof of payment to
FAM@choc.org.za or fax +27 11 326 4998

Date	
First Name	
Surname	
Title	

Details of Donation	
Amount	
Date of deposit	
Account no (funds were deposited in)	

Donor Details	
Company name (if applicable, in full)	
Donor / contact name (in full)	
Postal address	
Email address	
Telephone	
Cellphone	
Facsimile	

Please tick:

I (the donor) confirm that the donation made to CHOC is a *bona fide* voluntary and non-revocable gift for which I/we received no benefit or consideration in return.

*(The following do not constitute a bona fide donation:
An amount paid for participation in or attending an event; sponsorship and/or advertising rights;
the purchase of goods either directly or at auction; raffle or lottery tickets; the value of free or
discounted services; payment of a debt due by CHOC)*

CHOC HEAD OFFICE

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