



**PLEDGE FORM**

**DONOR INFORMATION**

TITLE																				
INITIALS				SURNAME																
DATE OF BIRTH																				
TEL NO (work hrs)																				
CELL NO																				
EMAIL ADDRESS																				

I would like to support the Cape Peninsula University of Technology by making a donation to the following programme(s)

- CPUT Bursary Fund (providing Financial Aid to financially needy and academically deserving students)
- Bequest (we will contact you regarding a bequest to the University)

**PAYMENT OPTIONS**

1 I ..... authorize CPUT to debit R .....  monthly  quarterly  bi-annually  annually

Debit order payment

TYPE OF ACCOUNT	Current	Savings
NAME OF ACCOUNT HOLDER		
BANK		
BRANCH NAME		
BRANCH CODE		
ACCOUNT NUMBER		
COMMENCEMENT DATE FOR DEBIT ORDER		

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/prior written consent. 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. This authority may be cancelled by me/us by giving (30 days) thirty days notice in writing. I/we understand that I/we shall not be entitled to any refund while this authority was in force.

Signature ..... Date .....

Direct deposits or electronic funds transfer (EFT)

2

ANTICIPATED DATE OF PAYMENT			
ACCOUNT NAME	CPUT Alumni		
BANK	ABSA	BRANCH	CAPE TOWN
		BRANCH CODE	632 005
ACCOUNT NUMBER	406 934 6192	SWIFT CODE	ABSAZAJJ (please use this code if payment is made from abroad)

(Remember to include your initials and surname as a reference number when making a donation)

Credit card payment

3

CHARGE MY CARD	Visa	Mastercard	American Express
ACCOUNT/CARD NUMBER			
EXPIRATION DATE		CVV NUMBER	(last 3 digits at the back of the card/ 4 digits for American Express cards)
ACCOUNT NAME	As it appears on the card		

Signature ..... Date .....

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- Find enclosed my CHEQUE OR MONEY ORDER payable to the CPUT
  - I prefer that my donation be anonymous
  - I would like to refer a possible donor

5  I am a CPUT staff member (payroll deduction) STAFF NUMBER

Signature ..... Date .....

I ..... confirm that the information provided above is correct

Signature ..... Date .....

PLEASE FORWARD THE COMPLETED FORM TO advancement@cput.ac.za or Fax: 086 778 0005

Make CPUT your beneficiary at www.myschool.co.za/supporter/apply/

Donations to CPUT are tax-deductible in terms Section 18A of the Income Tax Act No.58 of 1962 and tax certificates will be issued accordingly.

Thank you for supporting CPUT

