The Collegia Trust 2024 Legacy Project DONATION FORM





PERSONAL DETAILS:			ONDED. 181
NAME:			
ADDRESS:			
			CODE:
E-MAIL:			
			MOBILE:
If you are an Old Collegiate Girl, please con	mplete the following: I	HOUSE:	MATRIC YEAR:
CONTRIBUTION CHOICES: Please allocate my contribution towards (p Academic Development Performing Arts Development Sports Development	olease tick one or mor	re):	The Collegia Trust has Section 18A status as a Public Benefit Organisation No 930054469. A Section 18A tax certificate will be issued on request to South African donors.
PAYMENT OPTIONS: Kindly fax proof Option A: I will make a once-off donation			_
☐ Direct deposit or EFT Kindly email proof of payment to	The Collegia Trust banking details: Bank: Standard Bank Branch: Port Elizabeth (Code: 051001 or Generic) Account Name: The Collegia Trust Account Number:083504923 Swift code: SBZA ZA JJ Reference: Initial, Surname & Matric year lerasmus@cghs.co.za or fax: +27 41 3742817, attention L Erasmus		
☐ Cheque made out to: and send to:	THE COLLEGIA TRUST Collegiate Girls' High School P O Box 27870 Greenacres 6057 South Africa		
Option B: I will make my donation over a to be deducted from my bank account, as a Deduct a monthly amount of R	follows: on the ng day on the	Bar Bra Bra Typ Acc Acc	ar banking details: nk: nch Code: nch: pe of Account: count Name: count Number: nature:
OTHER OPTIONS: I would like to speak to the Principal about the P	out possible naming ri		significant donation.

Date: _

Signature: ___