Return to:
fax: 086 554 1788
email: info@active.org.za
post: P.O. Box 38464, Gatesville, 7766

I would like to support Active Social Assistance with a monthly donation of:

☐ R30 ☐ R50 ☐ R100

☐ R_____ (an amount of your choice)

☐ I have completed the credit card details below:

☐ I have completed the debit order details below:

☐ I am including a donation of R_____ towards your services
(include copy of cash receipt or EFT confirmation)

Authority for donation by credit card or debit order to Active Social Assistance

Title (Mr/Mrs/Miss) _____ Initials: _____

Surname: _____

Postal Address: _____

_____ Postal code: _____

Contact no's (landline) _____ Cell: _____

Email address: _____

Identity number: ☐☐☐☐☐☐☐☐☐☐☐☐☐

Debit my: ☐ mastercard ☐ Visa credit card

☐ current account

with the amount of: R_____

Credit Card no: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

3-digit number on back of card: ☐☐☐ Expiry date: ☐☐☐☐ (MM/YY)

Current account number: ☐☐☐☐☐☐☐☐☐☐☐☐☐

Bank: _____

Branch: _____ Branch code: _____

Cardholders' Signature: _____