

DONATION FORM

THE EYE CENTRE

Your gift will help the African Eye Foundation to provide world-class ophthalmology care to those who need it the most. Please complete this form and return along with proof of payment (if relevant) to: Fax + 27 (0)43 743 0359 OR E-mail info@africaneyefoundation.co.za OR Mail to 18 St James Rd, Southernwood, East London, 5201, Eastern Cape, South Africa.

DETAILS

| Title | First Name | | Surname | | |
|--|------------------------|----------------|---------------------------------|--------------------------------------|--|
| | | | | | |
| CONTACT DETA | ILS | | Postal Ad | dress: | |
| Telephone Work | | | | | |
| Telephone Home | 9 | | | | |
| Facsimile No. | | | | | |
| Cell Phone | | | | | |
| E-mail | E-mail Postcode: | | | | |
| METHOD OF PAYMENT | | | | | |
| DEBIT ORDER | | | | | |
| I authorise the African Eye Foundation to deduct the amount of R by DEBIT ORDER from my | | | | | |
| account on 15th OR 30th (tick one) of the month from (month) 2012, and each month | | | | | |
| thereafter, until cancelled by me in writing. NB: A minimum of R55 per month for debit orders | | | | | |
| Account: Current Transmission Savings | | | | | |
| Account Name: | | | Account nu | ımber: | |
| Bank: | | Branch Name: | | Branch / Code: | |
| Telephone (H): | | Telephone (W): | | | |
| Date: | | ID No: | | | |
| Signature: | | | | | |
| CASH / INTERNET PAYMENT Please deposit/transfer into the following account and fax/e-mail us the deposit slip/proof of payment, along with this filled in form: | | | | | |
| Account Name: | African Eye Foundation | | Account nu | ımber: 1263 130 186 | |
| Bank: Nedbank Ltd Branch Name: Vincent | | | ent Park Branch / Code: 126 317 | | |
| CREDIT CARD | | | | | |
| Please supply the following details, sign below & return to us: | | | | | |
| Visa Master Card American Express Diners Club | | | | | |
| Name on Credit Card: | | | Credit card No. | | |
| Expiry Date: CV0 | | | CVC (last 3 | CVC (last 3 digits on back of card): | |
| Amount: Signature: Date: | | | | | |
| Please automatically renew my credit card donation of R Monthly. | | | | | |
| STOP ORDER Please set this up with your bank and inform us by filling in this form and faxing/emailing back to us. | | | | | |
| The African Eye Foundation keeps a database of all its donors and sponsors so that they may be informed of activities. Please indicate by ticking the appropriate box whether you would like to stay in touch with us in this way. Yes No | | | | | |

Thank you for your generosity in assisting the African Eye Foundation to restore dignity to individuals and communities, and create the possibility of quality of life.