



SEFAKO MAKGATHO
HEALTH SCIENCES UNIVERSITY

PLEDGE FORM

Make a Difference



Update Profile

☐

Membership Application

☐

Annual Fund Beneficial Programmes

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BIOGRAPHIC DETAILS

Title:

SP No:

Student No:

First Name:

Surname:

Maiden Name (If Applicable):

SA ID no:

Passport No:

International ID No:

CONTACT DETAILS:

Postal Address:

Residential address:

Cell No:

Tel Home:

Tel Work:

Alternative No:

E-mail Address:

Alternative E-mail:

EMPLOYER/COMPANY DETAILS

Sector:

Workplace Address:

Position:

I (Name & Surname): _____ hereby
pledge (amount) R _____

I wish to donate (*please tick*)

ONCE OFF

☐

Monthly

☐

Annually

☐

PAYMENT BY DEBIT ORDER

Account Name:

Name of bank:

Account No:

Branch code:

Type of Account:

☐

Current / Cheque

☐

Savings / Transmission

AMOUNT:

Date:

Account No:

Donation by Direct Deposit / EFT

Account Holder:	Sefako Makgatho Health Sciences University
Bank:	Standard Bank
Account Number:	070754128
Branch:	Thibault Square
Branch Code:	020909
Reference:	Q013 - Alumni Name & Surname
Vat Number:	4720268566



Signature:

Date: