AFRICAN EYE FOUNDATION
THE EYE CENTRE

Donation Form

Bank Deposit / EFT

Your gift will help the African Eye Foundation provide world-class ophthalmology care to those who need it most. Please complete this form and return it, along with proof of payment, to **info@africaneyefoundation.co.za** or by post to 18 St James Rd, Southernwood, East London, 5201, Eastern Cape, South Africa.

DONOR DETAILS

Please complete in full — this information is required to issue your Section 18A tax certificate.

Title & Full Name _____ Surname _____

Type of donor (individual / company / trust) _____ ID Number (individuals) or Company/Trust Reg. No. _____

Income Tax Reference Number (if available) _____

Postal Address _____

Postcode _____ Telephone (Home/Work) _____

Cell Phone _____ E-mail Address _____

DONATION DETAILS

Donation Amount (R) _____ Date of Donation _____

Method of Payment: Bank Deposit / Internet (EFT) Transfer. Please deposit or transfer your donation into the account below, then e-mail or post the proof of payment together with this completed form.

Account Name: African Eye Foundation **Bank:** Nedbank Ltd
Branch Name: Vincent Park **Branch Code:** 126 317
Account Number: 1263 130 186 **Account Type:** Current

STAYING IN TOUCH

The African Eye Foundation keeps a database of donors and sponsors so that they may be informed of our activities. Tick below if you would like to stay in touch with us in this way.

☐ Yes, please keep me informed ☐ No, thank you

DECLARATION

Signature _____ Date _____

Thank you for your generosity in helping restore sight and dignity to those who need it most.