



The Parktonian Foundation

PLEDGE FORM

I would like to contribute to the Parktonian Foundation, and hereby pledge a donation:

Please select the frequency of Pledge: <i>(Once off / Monthly / Annual)</i>							
Please specify an amount the amount of your contribution						R	
I would like to speak to a Trustee about leaving a Bequest through my Will to the Foundation/ School						Y	N
I would like my donation to be used to encourage other donors, and give permission to list my name on the donor list. <i>(Amount pledged will not be listed – without prior consultation)</i>						Y	N
I would like my donation to remain anonymous						Y	N
Please indicate preferred use of donation, below. (Please see prospectus for more information)							
	Lions Legacy Bursary Fund		Druce Hall Fund		Projects Fund		Arise Fund

Certain donations to the Parktonian Foundation qualify for a tax certificate – as per Section 18(A) of the Income Tax Act 58 of 1962. Please contact the Parktonian Foundation if you wish to discuss the eligibility of your donation in accordance with this Act.

MY PERSONAL DETAILS

Full Name			
Matric Year:		Occupation:	
Contact Number:		Postal Address:	
Tel: (Work)			
Email Address:			Postal Code:

Signature

Date

The Parktonian Foundation operates in accordance with a commitment to governance and transparency. The Foundation and School's financials are independently audited. All financial accounts can be reviewed upon request.



Please specify and complete your preferred payment method:

DIRECT DEPOSIT/ ELECTRONIC TRANSFER

SOUTH AFRICA

The Parktonian Foundation Trust

First National Bank

Branch: Parktown, 250455

Account Number: 62 363 603 129

Reference: Your name and surname

INTERNATIONAL

The Parktonian Foundation Trust

Account Number: 62 363 603 129

Branch Code: 250455

Swift Code: FIRNZAJJ

Reference: Your name and surname

DEBIT ORDER *(Debit orders are deducted on the last business day of each month)*

Account Type	Cheque	Transmission	Savings
Name of account holder			
Bank	Account number		
Branch	Branch code		

Signature

Date

CREDIT CARD

Name of cardholder						
Credit card number						
Expiry date				CVC No.		
Budget (optional)	3 Months	6 Months	12 Months	ID No.		

Signature

Date

PLEDGE FORM RETURN DETAILS

Please e-mail your completed form to info@surgite.co.za

If you would like to speak to a Trustee or representative of the School, please direct your queries to: info@surgite.co.za or call +27 11 642 4531 / +27 64 651 7400 (att: Michael Maré) to arrange a meeting.

Thank you for supporting the Parktonian Foundation