

DONATION

NOTIFICATION

EMAIL (info@hsa.org.za) THIS FORM TO THE HSA FOR CORRECT ALLOCATION OF YOUR DONATION.

This form is intended only to provide notice to the HSA of any donations made to the organisation in order to identify and allocate funds correctly. Any contact details will only be used for confirmation purposes only.

DONATION FORM

TITLE	FIRST NAMES			
SURNAME				
EMAIL ADDRESS				
CONTACT NUMBER				
AMOUNT DONATED				
REFERENCE USED				
DATE OF DEPOSIT				
REASON FOR DONATION <small>please tick</small>	GENERAL	MEDIA	BURSARY FUND	INTERNSHIP
OTHER <small>please describe</small>				
SIGNATURE				

DONATION BANKING DETAILS

Donations should be made to:

Please use the reference - Donation - 'Reason'

ACCOUNT NAME Homeopathic Association of South Africa (HSA)
BANK First National Bank
ACCOUNT NUMBER 6202 332 4940
BRANCH NAME Hatfield
BRANCH CODE 25 21 45