



DONATION COMMITMENT FORM

AFRICAN DIASPORA HOPE known as ADHOPE is a Non Profit Organization (NPO) which brings hope to the life of the underprivileged African nationals including African foreign nationals living in South Africa infected or affected with HIV AIDS and other chronic diseases.

1. I would like to commit myself to ADHOPE for one year
2. I would like to commit myself to ADHOPE in the long term

I would like to get involved by

Making a donation of R..... per month

Making a donation of R..... per annum

Signing a monthly debit order of R _____

Kindly complete a debit order authorization form at pay point

Making a once-off donation of R _____

Pledging an annual donation of R _____ for _____ years

I would like to receive regular feedback on the ADHOPE developments, finances and success stories:

YES	NO
-----	----

CONTACT DETAILS

Name: _____

Surname: _____

Tel: _____

Cellphone: _____

Email: _____

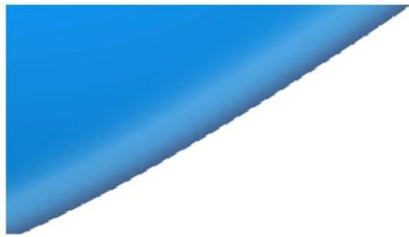
Postal Address: _____

Please return this form & fax it to Jean Pierre at 086 218 5657

Postal address: Post Net suite 180, PO BOX 2226 Johannesburg, 2001

Directors: Seraphin Kengne; Portia Tshibalo; Nestor Fotso; Joseph Kaweme; Jacques Calvin Kenmoe; Marc Eden;

Secretary: Gaëlle Tankeu Nguendjap



DEBIT ORDER AUTHORISATION

I herewith request and authorize ADHOPE to withdraw an amount of R _____

(In words) _____

From my account, detailed below, on the first day of each month.

NAME: _____

POSTAL ADDRESS: _____

CODE _____

TEL: () _____ (w) () _____ (h)

() _____ (c) () _____ (f)

NAME OF ACCOUNT: _____

TYPE OF ACCOUNT: _____

BANK: _____ BRANCH: _____

BRANCH CODE: _____ ACCOUNT NO.: _____

I understand that the withdrawals from my account are herewith authorized by an electronic banking system called ACB and that proof of payment will only appear on my bank statements. No receipt will be issued. ADHOPE, however, has 18A status and a tax certificate will be issued once a year as acknowledgment of receipt of your contributions. Cancellation of the debit order may be done by sending a cancellation fax to ADHOPE. A 30 day notice period is, however, applicable.

Signature: _____ Date: _____

BANK DETAILS FOR DIRECT PAYMENTS:

ADHOPE

ABSA Standard

Saving account

Acc. No.: 9240232927

Branch Code: 632 005

Your contact person at ADHOPE is : _____

Please return this form & fax it to Jean Pierre at 086 218 5657

Postal address: Post Net suite 180, PO BOX 2226 Johannesburg, 2001

Directors: Seraphin Kengne; Portia Tshibalo; Nestor Fotso; Joseph Kaweme; Jacques Calvin Kenmoe; Marc Eden;

Secretary: Gaëlle Tankeu Nguendjap