



TITLEINITIALS	POSTAL ADDRESS
SURNAME	
MAIDEN NAME	TELEPHONE (HOME)
DATE OF BIRTH	CELLPHONE
STUDENT- OR ID-NUMBER	E-MAIL ADDRESS
(your student number appears on your SU-mail)	
BANK DEBIT ORDER	
branch code	branch
To promote Stellenbosch University, I the undersigned, hereby donate the following amount to the University:	
(please indicate the amount you prefer to donate)	
my contribution R50 R100 R250 R1000	other amount
frequency monthly quarterly	
period	5 year until my notification to alter in writing
date of first deposit	
SINGLE CONTRIBUTION	Cheque payable to <b>Stellenbosch University</b> , included herewith
The amount of my contribution is	
DONATION EARMARKED FOR (project name or cost centre)	
ELECTRONIC TRANSFERS	
SOUTH AFRICA	UNITED KINGDOM
ACCOUNT NAME: Universiteit Stellenbosch (General) BANK: Standard Bank	ACCOUNT NAME: Stellenbosch University SA Foundation UK BANK: NatWest Bank, City of London Office
BRANCH: Stellenbosch BRANCH CODE: 05 06 10	ACCOUNT NUMBER : 39448843 Sort code : 60-00-01
ACCOUNT NUMBER: 073006955 REFERENCE: Initials and Surname 5373	REFERENCE: Name and Surname
	Send proof of payment to Mr William Frankel: Billfrankel@kayacomm.com
Send proof of payment to Lorenza George : Lcg29@sun.ac.za	UNITED STATES OF AMERICA
THE REST OF THE WORLD ACCOUNT NAME: Stellenbosch University – Foreign Income	ACCOUNT NAME: Friends of the University of Stellenbosch Foundation BANK: Wachovia/Wells Fargo
BANK: First National Bank Cape Town	ACCOUNT NUMBER: 5553732966 S.W.I.F.T ADRESS: WFBIUS6S
ACCOUNT NO: 621 0717 7083 BRANCH CODE: 204 109	ROUTING NUMBER: 054001220 (for electronic transfer: 121000248)
S.W.I.F.T Address: FIRNZAJJ REFERENCE :Name and Surname	EIN (IRS Federal Income Tax number): 13-4091453 REFERENCE: Name and Surname
BANK ADDRESS: 26th Floor, Portside building, 5 Buitengracht Street, Cape Town 8000	Send proof of payment to Hugo Steyn: hugos@sun.ac.za
Send proof of payment to Lorenza George : Lcg29@sun.ac.za	
CIET IN MYVA/III	
GIFT IN MY WILL  I would like to receive information regarding a gift in my Will to Stellenbosch University.	
I have already included the university in my Will and wish to be included in the Heritage Guild.	
SIGNATURE	DATE

I / we acknowledge that the party hereby authorised to effect the drawing(s) against my / our account may not cede or assign any of its rights to any party without my / our prior consent and that I / we may not delegate any of our obligations in terms of this contract / authority to any party without prior written consent of the authorised party.

Please complete and post, email or fax the form to Stellenbosch University for reference purposes:

Development & Alumni Relations, Private Bag X1, Matieland 7602 – Fax: 086 547 7103 - Email: Lcg29@sun.ac.za