

Catalyst Fund

Bursary support to postgraduate Science students at Stellenbosch University
 STAFF CONTRIBUTIONS



____/____/2019

The Director: Human Resources

Stellenbosch University

Private Bag X1

MATIELAND

7602

STAFF DEBIT ORDER

	I hereby authorise that an amount of R_____ may be deducted from my salary on a monthly basis. I would like my donation to be applied towards the Catalyst Fund (cost point 4120): bursary support for postgraduate students in the Science Faculty at Stellenbosch University. This authorization will be valid from _____20____ to _____20____ or until my notification to alter in writing. My donation is unconditional.
	*Please adjust my donation with 5% per year.
	*I would like to discuss other options of donating. Please contact me in this regard.

(*Please indicate)

SIGNATURE _____

NAME _____

SU NUMBER _____

E MAIL _____

DEPT/DIVISION/ _____

ADDRESS _____

We thank you for your interest and donation. The tax redemption certificate will be sent to you once a year.