

Valley View, Plaston Road  
White River, Mpumalanga, 1240  
+27 76 229 5663  
info@pediatriccareafrika.org  
www.pediatriccareafrika.org

**South Africa:** Not for profit organization  
Reg no: 214-711 NPO  
Tax Exempted organization:  
PBO number: 930064552 – 18A Tax benefits  
Score BEE points for SED on your BBBEE Score card.  
**Nederland:** ANBI Reg nr: 8262 52 291 giftenaftrek Algemeen Nut Beogende Instelling



## **DONOR FINANCIAL PLEDGE FORM**

### **Contribution towards Pediatric care Africa Disaster relief fund**

#### Financial support only donation pledge

Company or Individual name: .....

Company registration number. (Tax certificate purposes).....

Address: .....

Town: ..... Code: .....

Contact person: .....

Contact number/s: .....

Email Address: .....

Would you require an 18A Tax certificate once we received your pledged donation? 

<b>YES</b>	<b>NO</b>
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Can we publicly thank you?

<b>YES</b>	You can publicly thank me/us
<b>NO</b>	I/we prefer to stay anonymous

Please choose payment option below:

We will pay our pledged into the PCA Bank account	
You must collect cash/cheque from our offices	

Kindly note below banking details for payments:

**Pediatric Care Africa**  
**Standard Bank Account: 131 953 044**  
**Branch Code: 053 052**  
**SWIFT/BIC: SBZAZAJJ**  
**Reference: Company/Individual Name**

I/we hereby pledge to pay to Pediatric care Africa the once off donation amount of R .....

(Amount in words) .....

in the event of a disaster as described in paragraph above.

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I, the undersigned, acknowledge that I am duly authorised to make a financial pledge on behalf of the above-mentioned organization or individual.

I, the undersigned, acknowledge that I fully understand and agree that this pledge document is valid for a period of 24 Calendar months after signature thereof, but will be deemed completed/paid in full if the pledged amount is received by Pediatric care Africa within the 24 calendar months or whichever occurs first. After 24 months the pledge will expire and a new document and pledge will need to be agreed upon and documents completed.

I/we, the undersigned, pledge to supply to Pediatric care Africa the following funds within 2 working days on request thereof by Pediatric care Africa, in the event of a disaster/emergency regardless of the type, intensity or location of the declared disaster/emergency Pediatric care Africa is responding to.

Disasters may include but is not limited to flooding, drought, wind damage, disease outbreak, civil war or any natural or manmade calamity that Pediatric care Africa deem to be a disaster in accordance with their mandate.

Signed at ..... on this ..... day of ..... 2020

Full name/s and surname of authorised person: .....

Signature of authorised Company/Organization/Individual person: .....

Pediatric care Africa representative signature: .....

Witness Name: ..... Witness Signature: .....