



DONOR GOODS PLEDGE FORM

Contribution towards Pediatric care Africa Disaster relief fund

Goods 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?

YES	NO
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Can we publicly thank you?

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

Please choose option below:

We will deliver goods pledged to your offices	
You must collect goods pledged from our offices	

I, the undersigned, acknowledge that I am duly authorised to make a goods 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 goods are received by Pediatric care Africa within the 24 calendar months, which ever occurs first.

I, the undersigned, pledge to supply to Pediatric care Africa the following goods I/we pledged 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.



Detailed description of goods pledged. Example of description: 300 x 12 x 400g Tinned Pilchards
 50 x First Aid Dressing No. 1

QUANTITY:	DESCRIPTION OF GOODS FROM DISASTER RELIEF PLEDGE LIST
1. X.....X.....
2. X.....X.....
3. X.....X.....
4. X.....X.....
5. X.....X.....
6. X.....X.....
7. X.....X.....
8. X.....X.....
9. X.....X.....
10. X.....X.....
11. X.....X.....
12. X.....X.....
13. X.....X.....
14. X.....X.....
15. X.....X.....
16. X.....X.....
17. X.....X.....
18. X.....X.....
19. X.....X.....
20. X.....X.....
21.
22.
23.
24.
25.

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: