

ALUMNI ASSOCIATION EXECUTIVE MEMBER CONTRIBUTION FORM

1. EXECUTIVE MEMBER INFORMATION	3. <u>DEBIT ORDER AUTHORISATION and DETAILS OF ACCOUNT HOLDER</u>	
Title:First Name/s:	Monthly contribution options: R25 ☐R50 ☐R100 ☐R200 ☐R250 ☐R500 ☐ Oth	:her: R
Surname:	I hereby authorise my bank to transfer R per month/per annum (circle applic	
2. EVECUTIVE NASNABED CONTRIBUTION	debit order to NELSON MANDELA UNIVERSITY Alumni in aid of the Alumni Fund. Indica	ate month of firs
2. EXECUTIVE MEMBER CONTRIBUTION	deduction20	
	Deductions take place on the first working day of a month.	
Use my contribution for: Alumni Projects Alumni Projects and Bursaries	ASSIGNMENT: I/We acknowledge that the party hereby authorised to effect the drawing	g(s) against my/ou
Other:	account may not cede or assign any of its rights to any third party without my/our pric and that I/we may not delegate any of my/our obligations in terms of this contract/ aut	
Monthly contribution: Amount	party without prior written consent of the authorised party.	nonty to any thin
Annual contribution: Amount	Account no:Account type:	
Cheques must be made to NELSON MANDELA UNIVERSITY ALUMNI.	Bank:	
Direct transfers or deposits can be made into the following account:	Branch: Branch code:	
Bank: Standard Bank Branch: Rink Street, PE Clearing code: 050417	Surname:	
Account Name: NELSON MANDELA UNIVERSITY ALUMNI Account number: 080292321	First names:	
Reference:	Signature: Date:	
KINDLY NOTE: Write your ID or cell number as a reference. We would like to acknowledge your	WE THANK YOU FOR YOUR CONTRIBUTION	
contribution, please fax us a copy of the deposit slip 041 504 1417 or scan to email	For office use: Captured/checked by: Date:	
alumni@mandela.ac.za.		- A A A I D E I

Alumni Relations Office · 041 504 3935 · alumni@mandela.ac.za

100 YEARS OF MANDELA



ALUMNI ANNUAL FUND

1. CONTRIBUTOR INFORMATION Alumni Friend of Alumni	3. DEBIT ORDER AUTHORISATION AND DETAILS OF ACCOUNT HOLDER	
Title:First Name/s:	Monthly contribution options: R25 R50 R100 R200 R250 R500 Other: R	
Surname:	I hereby authorise my bank to transfer R per month/per annum (circle applicable period), by de	
	order to NELSON MANDELA UNIVERSITY Alumni in aid of the Alumni Fund. Indicate month of fi	
E-mail:	deduction20	
Cell/Tel:	Deductions take place on the first working day of a month.	
2. <u>CONTRIBUTION</u> Use my contribution for: Alumni Projects Alumni Projects and Bursaries Other:	ASSIGNMENT: I/We acknowledge that the party hereby authorised to effect the drawing(s) again my/our account may not cede or assign any of its rights to any third party without my/our pr written consent and that I/we may not delegate any of my/our obligations in terms of t contract/ authority to any third party without prior written consent of the authorised party.	
Monthly contribution: Amount	Account no:Account type:	
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Account number: 080292321	Signature: Date:	
Reference:	WE APPRECIATE YOUR CONTRIBUTION	
KINDLY NOTE: Write your ID or cell number as a reference. We would like to acknowledge your contribution, please fax us a copy of the deposit slip 041 504 1417 or scan to email alumni@mandela.ac.za .	For office use: Captured/checked by: Date:	

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