

# Donation Form



## TAPE AIDS FOR THE BLIND

A Free National Library & Audio Book Production Service for the Blind & Print Disabled  
*Expect The Spoken Word To Open Whole New Worlds*

As a Public Benefit Organisation all DONATIONS are TAX DEDUCTIBLE. We will provide you with a Section 18A Tax Certificate to claim back on your Income Tax so please ensure all your details are correct

### Donor Information

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City | Postal Code \_\_\_\_\_  
Phone 1 | Phone 2 \_\_\_\_\_  
Fax | Email \_\_\_\_\_

### Acknowledgement Information

Please use the above, or the following name(s) in all acknowledgements: \_\_\_\_\_

I plan to make this Donation payable in the form of:

Credit Card    Debit Order    Direct Deposit    Cheque Enclosed

### Credit Card Authorization to Tape Aids For The Blind

Please debit my donation of R\_\_\_\_\_ as of this \_\_\_\_ [day] of \_\_\_\_\_ [month] \_\_\_\_\_ [year]  
to my Credit Card with my preferred payment period being for:

Single Payment    6mths    12mths    18mths    24mths    Until Cancelled

Credit card type    VISA    MASTERCARD   | Exp. Date: \_\_\_\_\_  
Credit card number \_\_\_\_\_ | CVC No: \_\_\_\_\_  
Authorized name \_\_\_\_\_ | Signature: \_\_\_\_\_

### Debit Order Authorization to Tape Aids For The Blind

Please debit my Account as of this \_\_\_\_ [day] of \_\_\_\_\_ [month] \_\_\_\_\_ [year]  
with a monthly amount of R\_\_\_\_\_ until cancelled:

Account name \_\_\_\_\_  
Account No. \_\_\_\_\_ | Branch code: \_\_\_\_\_  
Bank \_\_\_\_\_ | Account type: \_\_\_\_\_  
Date: \_\_\_\_\_ | Authorized Signature: \_\_\_\_\_

### Direct Bank Deposit to Tape Aids For The Blind

I have deposited my gift of R\_\_\_\_\_ directly into your account \_\_\_\_ [day] \_\_\_\_\_ [month] \_\_\_\_\_ [year]:

Account name   Tape Aids For The Blind  
Account No.   256 589 402   | Branch code: 04 2726  
Bank   Standard Bank - Windermere   | Account type: Savings

TAPE AIDS FOR THE BLIND  
CONTACTS

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