P O Box 222 Gordon's Bay. 7151 Tel: 021-823-7548 Fax: 086-628-6629

info@helpingwesterncape.org www.helpingwesterncape.org

NPO 207-909 / PBO 930062411

FOSTER HOMES - ORPHANAGES - VULNERABLE FAMILIES WITH SMALL CHILDREN - OLD AGE HOMES

Helping Western Cape assists vulnerable families with small children, foster homes, orphanages and old aged homes by:

- Providing them with a lifeline in the form of food parcels, clothing, blankets, toiletries and other basic necessities.
- ❖ Running soup kitchens in the community in the winter months for the many vulnerable families that we are not able to support on a monthly basis.
- * For those who are willing to help themselves we provide assistance in finding employment.
- Helping Western Cape is a welfare organization, registered with the Department of Social Development in terms of the Non-Profit Organisation Act (Act 71 of 1997) and relies solely on donations. Your support will make the difference to the vulnerable destitute families with small children, foster homes, orphanages and Senior Citizens in our care.
- ❖ A tax receipt and certificate will be issued by Helping Western Cape in terms of Section 18A(1)(a) of the Income Tax Act of 1962.

For further details call 021 823-7548 or e-mail info@helpingwesterncape.org								
To: H	IELPING	WESTERN	N CAPE					
From: Name of donor							Date:	
Company							Office Use Only	
Add	ress						Donor No HWC	
7100	. 000							Abbreviated Name on your Bank Statement: HWC
			Code:					Please complete form and
	Tell:	-	Cell:					email to:
	E-mail:							info@helpingwesterncape.org or fax to 086 628 6629
I wish	n to pled	ge by deb	it order (indicate r	nonthly pl	edge amou	ınt below)	
□ Pledge R50		□ Pledge R100 □ Pledge R150 □ Pled					ges R200	
□ Pledge R250		□ Pledges R300 □ Other R						
Total a	mount in	words						
on the _	day of		20	01 and	each month	thereafter.	For debits ru	n on the last working day of the month, in
the even	t that the	payment da	y falls on a	Sunday or	recognized	South Afric	an public holid	ay, the payment day will automatically be
on the pi	revious ord	inary busines	s day.					
Also, sho	ould I wish	to cancel m	y debit orde	er, I agree	to give 30 c	lays' notice i	n writing sent	to the listed email address or fax above.
	ABSA	FNB	RMB	CAPITEC	NEDBANK	STANDARD	INVESTEC	
Bank:	632005	250655	250655	470010	198765	051001	580105	



An example of the monthly food parcel for our community feeding programmes

Branch code:

Date___

□ current/cheque □ savings □ transmission

Other:

Account number

Signed at

Signature_

Type of account: