



HOW MUCH DO YOU CARE?

I WANT TO BECOME A MEMBER OF YOUR ORGANISATION

I WANT TO SIGN A MONTHLY DEBIT ORDER

I WANT TO MAKE A DONATION

I WANT TO HELP WITH YOUR PROJECTS

I WANT TO PARTICIPATE IN YOUR AWARENESS CAMPAIGNS

Please complete the following to enable us to contact you:

Surname: Initials: Title:

Postal Address:

Physical Address:

Telephone No: [H]..... [W]: Mobile.....

Fax No: E – mail Address:

**Kindly complete and post this form to GAUTENG NORTH SERVICES TO PEOPLE WITH DISABILITIES,
PO BOX 25631, GEZINA 0031 or fax it to FAX NO. [012] 328 6759. Our bank details:**

Standard Bank Gezina, Bank Code 01-48-45-00 Account No: 013 135 41

Your support will enable People with Disabilities!



Thank you to all the donors, funders and the state for the financial support!