



School Fee Sponsorship

A child that gets a good preschool foundation is 3 times more likely to matriculate. **There are thousands of children in Midrand sitting at home OR attending backyard crèches where little to NO education is taking place.** These children lose the love of learning. Without stimulation in this critical developmental stage, the cycle of poverty begins again in a child's life.

TOGETHER, we can transform lives through excellent education.



Urban Kids educentre (a Botshabelo programme) is a preschool providing access to education each year for over 100 children from disadvantaged and emerging families. We offer quality preschool at a fraction of the going-rate in Midrand. However many families need additional help to afford our already reduced fees. We WELCOME individuals, groups and companies to partner with us.

The pledge is a monthly commitment of R200 or more.
The total cost of covering one child's school fees for a month is R1 160

Tax Receipts/BEE Certificates will be given (gifts qualify for SED points).

STEPS TO SPONSOR:

- 1) Fill in our Sponsorship Form (Debit Order Form, pg. 3 *Optional*)
- 2) Send us the form via email (office@botshabelo.co.za)
- 3) Contact us with any questions at office@botshabelo.co.za | 011 702 2141

#restorejustice #addingvalue
www.botshabelo.co.za



School Fee Sponsorship Form

| | |
|----------------------|--|
| Individual | |
| Full Names: | |
| Landline Tel Number: | |
| Cell Number: | |
| Email address: | |

| | |
|----------------------|--|
| Company | |
| Company Name: | |
| Contact Person: | |
| Landline Tel Number: | |
| Cell Number: | |
| Email address: | |

| | |
|----------------------|--|
| Group | |
| Full Names: | |
| Landline Tel Number: | |
| Cell Number: | |
| Email address/s: | |
| | |

I/we hereby commit to SCHOOL FEE SPONSORSHIP for a period of 6 months 12 months.

I/we pledge to donate to Botshabelo the sum of R1 160 (or alternatively R _____) per month via EFT or debit order. *Please use the reference 'SF UKE – and your name'.*

SIGNED: _____ DATE: _____

FULL NAMES OF AUTHORISED SIGNATORY: _____



Botshabelo
Adding value to our city
 Registration No. 006-589 NPO

BANK DEBIT ORDER INSTRUCTION

| | |
|--|--|
| Individual or Company Name | |
| Contact Person (if a Company) | |
| Best Contact Telephone number | |
| Email Address | |
| Postal Address (If no email – Tax receipts will be sent my email preferably) | |
| Date of First contribution | |

Dear Botshabelo

The details of my bank account are as follows:

BANK : _____
 BRANCH : _____
 BRANCH NO. : _____
 ACCOUNT NAME: _____
 ACCOUNT NO. : _____
 TYPE OF A/C : _____ (savings,current, transmission)

I/we hereby request and authorize you to draw against my/our account with the abovementioned bank (or any other bank or branch to which I/we may transfer my/our account) the sum of _____ (state amount in words) or any variable amount pertaining to this agreement, on the first working day of each month. This being the amount necessary for the settlement of the monthly due to you in respect of our purchases/contract/agreement dated ____/____/____.

All such withdrawals from my/our account by you shall be treated as though they had been signed by me/us personally.

I/we the undersigned, "instruct" and authorize your agent Netcash (Pty) Ltd, to draw against my/our account. I/we understand that if bank details have been supplied the withdrawals authorized here will be processed by BankServ. I/we also understand that details of each withdrawal will be printed on my/our statement.

I/we agree to pay any banking charges relating to this debit order instruction.

This authority may be cancelled by means of giving you thirty days notice in writing, sent by prepaid registered post, but I/we understand that I/we shall not be entitled to any refund of amounts, which you have withdrawn whilst this authority was in force if such amounts were legally owing to you.

Assignment:

I/We acknowledge that the party hereby authorized to effect the drawing(s) against my/our account may not cede or assign any of its rights and that I/we may not delegate any of my/our obligations in terms of this contract/authority to any third party without prior written consent of the authorized party

Signed _____ on this _____ day of _____ 20____

SIGNATURE AS USED FOR SIGNING CHEQUES OR CREDIT CARD VOUCHERS