



# HOMOEOPATHIC ASSOCIATION OF SOUTH AFRICA

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## NOTIFICATION OF DONATION

PLEASE FAX (0866728417) OR EMAIL (INFO@HSA.ORG.ZA) THIS FORM TO THE HSA  
FOR CORRECT ALLOCATION OF YOUR DONATION.

This form is intended only to provide notice to the HSA of any donations made to the organisation in order to identify and allocate funds correctly. Any contact details will only be used for confirmation purposes only.

TITLE:		FIRST NAMES:		
SURNAME:				
EMAIL ADDRESS:				
CONTACT NUMBER :				
AMOUNT DONATED:				
REFERENCE USED:				
DATE OF DEPOSIT:				
REASON FOR DONATION: <i>(Please tick)</i>	GENERAL	MEDIA	BURSARY FUND	INTERNSHIP
<i>(Please describe)</i>	Other:			
SIGNATURE:				

DONATIONS SHOULD BE MADE TO *(Please use the reference DONATION - "REASON")*:

ACCOUNT NAME	HOMOEOPATHIC ASSOCIATION OF SOUTH AFRICA (HSA)		
BANK	FIRST NATIONAL BANK	ACCOUNT NO.	6202 332 4940
BRANCH	HATFIELD	BRANCH CODE	25 21 45

