



REQUEST FORM

SECTION 18A DONATIONS RECEIPT

Please fill in the form below and email along with proof of payment to suzy@lusitoassociation.org.za or fax to 086 592 3680.

Date	
First Name	
Surname	
Title	

Details of Donation	
Amount	
Date of deposit	
Account # (where funds were deposited in)	

Donor Details	
Company Name (if applicable, in full)	
Donor/Contact Name (in full)	
Postal Address	
Email Address	
Telephone	
Cellphone	
Fax	

Please Tick:

I (the donor) confirm that the donation made to Lusito Association is a bona fide voluntary gift freely given to the donee without any quid quo to the donor.

