



**Cuban Alumni Association of South Africa (CAASA)  
Donation Form**

**SECTION 1: Donor Information**

1. **Full Name/Organization Name:** \_\_\_\_\_
2. **ID/Company Registration Number:** \_\_\_\_\_
3. **Contact Person (if applicable):** \_\_\_\_\_
4. **Contact Number:** \_\_\_\_\_
5. **Email Address:** \_\_\_\_\_
6. **Physical Address:**  
\_\_\_\_\_  
\_\_\_\_\_
7. **Postal Address (if different):**  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 2: Donation Details**

1. **Donation Amount (ZAR):** \_\_\_\_\_
2. **Frequency of Donation:**  
 Once-Off  
 Monthly  
 Annually
3. **Purpose of Donation (optional):**  General Support  
 Healthcare Outreach Programs  
 Scholarships for Medical Students  
 Research and Development  
 Other (please specify): \_\_\_\_\_
4. **Preferred Method of Payment:**  EFT/Bank Transfer  
 Debit Order  
 Cash Deposit  
 Other (specify): \_\_\_\_\_

## SECTION 3: Banking Details

### Banking Details for EFT/Direct Deposit:

- **Account Name:** Cuban Alumni Association of South Africa
- **Bank Name:** [Insert Bank Name]
- **Account Number:** [Insert Account Number]
- **Branch Code:** [Insert Branch Code]
- **Reference:** [Your Full Name/Organization Name + Donation]

### For Debit Order Payments:

Please complete the **Debit Order Authorization Form** (available upon request).

## SECTION 4: Tax and Compliance

CAASA is a registered Non-Governmental Organization (NGO) in South Africa. Donations are eligible for tax deductions under **Section 18A of the Income Tax Act, 1962**.

1. **Would you like a Section 18A Tax Certificate?**  Yes  No
2. **Preferred Delivery Method for Tax Certificate:**  Email  
 Postal Address  
 Other (specify): \_\_\_\_\_

## SECTION 5: Acknowledgment and Consent

I, the undersigned, confirm that the information provided is accurate and that my donation is made voluntarily to support CAASA's initiatives. I understand that my personal information will be processed in compliance with the **Protection of Personal Information Act (POPIA)** and used solely for purposes related to my donation and CAASA's activities.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Email the completed form to: [info@caasamed.com](mailto:info@caasamed.com)

### For Official Use Only

1. **Donation Received Date:** \_\_\_\_\_
2. **Payment Method:** \_\_\_\_\_
3. **Reference Number:** \_\_\_\_\_
4. **Processed By (Name & Signature):** \_\_\_\_\_

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**Thank you for your generous contribution!**

Your support helps CAASA improve healthcare and empower communities in South Africa.