



THEBE
FOUNDATION

INDIVIDUAL PLEDGE

Thebe Foundation Relief Fund

In order to assist you in this effort, you as an individual may make a pledge to contribute a monthly amount or a once off donation which will be deducted from your salary.

ID/Passport	Full Names	Surname
Contact Number	Email	

With this document, I request my Employer to deduct the amount of my pledge as a donation to the Thebe Foundation Relief Fund of:

Choose one method	% of salary or	Amount to donate
Lump sum donation		
Monthly Contribution		

Please repeat this donation (tick one of the boxes below):

1 Month	2 Months	3 Months

My donation will be transferred to Thebe Foundation, to support the Thebe Foundation Relief Fund.

I hereby authorise my Employer and consent to the deduction of the aforementioned amount from my salary for the specified duration, with the first deduction to be made during the payroll month of _____

Date: _____ Signature _____

Witnessed by Payroll Officer

Please complete, print and sign this form and return it to your Payroll Department

Building communities. Our bottom line.