

Kingswood College Legends Fund

BECOME A LEGEND TODAY



KINGSWOOD COLLEGE
FOUNDATION

I wish to invest in Kingswood College's future by contributing to the Legends Fund by debit order.

TICK YOUR LEVEL:

- R100 PER MONTH (STUDENTS AND UNDER 30'S) R150 PER MONTH
- OTHER CONTRIBUTION _____

PERSONAL DETAILS :

NAME: _____ YEAR LEFT KC : _____

ADDRESS: _____

TEL: _____ (H) _____ (W) _____ (CELL)

EMAIL ADDRESS : _____

DEBIT ORDER AUTHORITY FORM FOR THE KINGSWOOD COLLEGE LEGENDS FUND

Name: _____ I hereby grant permission for Kingswood College to arrange with my bank for the payment of the sum of R _____ amount in words _____

in terms of this application from my bank account as follows:

Bank: _____ Account Name: _____

Branch: _____ Account Type: _____ Branch code: _____

Account Number: _____

This amount will be for the credit of the Kingswood College Legends Fund.

Debit my account on the 7th of each month commencing in the month of _____ 20_____.

Please increase my debit order amount, on every anniversary date by 6%.

Signature: _____

Date: _____

For contributions from overseas, please contact legacy@kingswoodcollege.com to find out more

Kingswood College

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