



**IMA RENAL DIALYSIS PROJECT
KWAZULU-NATAL BRANCH**

DONATION CONFIRMATION

YOUR DONATION WILL SAVE A LIFE

Respected Brother / Sister

Thank you for responding to our appeal for support in this venture for which there is such a dire need. May the Almighty bless you and your family and accept all our efforts in His Path.

.....
IMA Renal Dialysis Committee

Please complete and return by Fax: (031 2072260) or email as an attachment imakzn@eastcoast.co.za

Title:		First Name:		Surname :	
Postal Address:					
Country:					
Tel no (h):		Tel no (w):		Fax no:	
Mobile:		E-mail:			

Method of payment	Indicate ✓	Banking details	Contact Details Coordinators:
Direct Deposit	<input type="checkbox"/>	Bank: FNB Name: IMA Baytul Nur Trust - Dialysis No: 62148981196 Branch: Overport Code: 222826 Further details regarding PBO Status: PBO Number: 930 004 327 NPO Number: 033-636 Tax Exemption Reference Number: RG/0014/06/04	Dr M C Solwa (031 3015970); Mr. S. Suleman (031 2518500) IMA Renal Dialysis Committee Islamic Medical Association of South Africa Durban Office P.O. Box 701063, Overport, 4067, South Africa 222 Kenilworth Road, Overport, 4091 Tel: 27 31 2072250 Fax: 27 31 2072260 Email: imakzn@eastcoast.co.za
Bank/internet transfer	<input type="checkbox"/>		
Cheque	<input type="checkbox"/>		

Donation / Pledge Details:

I, the undersigned, would like to donate the amount of R..... towards the dialysis of patients.

I, the undersigned, would like to pledge a monthly/quarterly (delete what does not apply) donation of R..... towards the dialysis of patients.

.....
Signature

.....
Date