



Wentworth Foundation

Cleft Lip and Palate Rehabilitation

You can help create "Smiles for Africa!"

Pledge Form

Each patient is a project since they require a team of experts over a sustained period. Please support the Wentworth Foundation in ensuring that no child has to endure the physical, psychological and social repercussions of a condition that can be treated. The funds go towards sustaining ongoing treatment.

NAME (FULL): _____

Contact Telephone Number: _____ Email Address: _____

Physical/Postal Address: _____

A. I pledge to a monthly debit

With the amount of: R _____

Date: _____

Signature: _____

B. I pledge to a Once off Payment

With the amount of: R _____

Date: _____

Signature: _____

BANKING DETAILS FOR THE WENTWORTH FOUNDATION

Bank: Standard Bank

Account Name: Wentworth Foundation

Branch: Westville

Branch Code: 045426

Account Number 013266799

Reference: Name and surname/ Donation

Please Email this form and proof of payment to: sureka@orthoassist.co.za or fax to: 031 564 8061.
For enquiries contact Sureka Singh on 083 787 1002

A receipt will be forwarded to you for tax purposes.

WENTWORTH FOUNDATION NPO No. 055/852, PBO No. 930 0470 456 (Subject to change)

External Auditors

BBBEE Status: BBBEE Certification from Grant Thornton

Thank you for your support. We appreciate all contributions equally.