



2015 Woman of Passion Lunch Table Registration Form

Company/Name: _____

Company/Contact person: _____

Address: _____

City/province: _____

Telephone: _____ Fax: _____

Email: _____

Cell Phone: _____

Number of tables: _____ x R3 000.00 = _____ (table of 10 only)

Number of seats: _____ x R300 = _____

New Jerusalem Children's Home policy has always been to assign tables throughout the floor in the fairest manner possible. If your company has two or more tables and would like them to be placed together, please indicate below. Tables placed together may not be in as advantageous a position as tables assigned separately, so please consider your choice carefully. If you do not indicate anything below, tables will be placed separately.

Yes, our company would like all our tables' places together

Payments

Kindly make all payments to the banking details below with the reference **WOPL** (*Your Name & Surname*).

Bank : ABSA
Account Holder : New Jerusalem Children's Home
Account No : 4068783216
Branch Name : Midrand
Branch Code : 632005
Swift Code : ABSA ZAJJ

Reference : **WOPL** (*and Your Company/Name & Surname*)

I/We would like to donate/pledge _____ towards the building of a new residential unit for boys.

Please send me information on sponsorship option for this event

Return with payment to:

New Jerusalem Children's Home Communication Department
Email: Comms@njch.org.za | Pro@njch.org.za
Tell: +27 10 224 0458 | +27 10 224 0460
Cell: +27 82 739 5177 | +27 72 515 6659

Please return this form and your seat/table reservation on or before 24th July 2015