

Yes! I believe that **ZA DIFFERENCE has a role to play in the transformation of our society. I would like to donate or sponsor the following items to help promote the magazine and to aid the organisation in doing its work.**

- Please select relevant item / s on the following list.
- Relevant documentation will be issued as soon as the donation or sponsorship is received.
- *Speak with your accountant about the tax and score-card benefits available for supporting a non-profit organisation whose beneficiaries are 75%+ non-white. (See: Who benefits from ZA Difference? at www.zadifference.org)*
- If you have any questions, please don't hesitate to call us on 0860 92 0000 or email us on info@zadifference.org

- | | |
|---|--|
| <input type="checkbox"/> A venue for events: launches, competition winner celebrations, community meetings, writing workshops, etc. | <input type="checkbox"/> Laptops |
| <input type="checkbox"/> A good quality, professional camera. | <input type="checkbox"/> Software |
| <input type="checkbox"/> A customer relationship management (CRM) system to keep track of advertising sales. | <input type="checkbox"/> A car |
| <input type="checkbox"/> A multi-function, full-colour printer / photocopier | <input type="checkbox"/> Street-seller uniforms (bibs, caps, T-shirts, jackets). (Talk to us about co-branding possibilities.) |
| <input type="checkbox"/> Toner for the printer / copier. | <input type="checkbox"/> Promotional T-shirts. |
| <input type="checkbox"/> Photocopy paper (we have many proofing stages). | <input type="checkbox"/> Prizes for on-going writing or photographic competitions. |
| <input type="checkbox"/> A professional's salary for a minimum of one month. | <input type="checkbox"/> A utilitarian prize for the monthly winning letter. |
| <input type="checkbox"/> A switchboard. | <input type="checkbox"/> A courier account ... you set the limit. |
| | <input type="checkbox"/> Pro-bono accounting services. |

Other. Please specify: _____
Item description: _____

Full Name: _____
Physical Address: _____

Postal Address: _____ Code: _____

Telephone: _____ Fax: _____
E-mail: _____

We will never share or distribute any of your details.

If this is a business pledge, please complete the following:

Company / Organisation: _____
Registration No: _____ Vat No: _____
Contact Person: _____
Designation: _____
I confirm that I am duly authorized to make this pledge on behalf of my organisation.

Signature: _____ **Date:** _____

Please fax this form to us at 0866 14 6894

