MySchool MyVillage MyPlanet
EVERY SWIPE COUNTS

Card Application Form

Think green. Fill in the following form and email to cs@myschool.co.za.
Otherwise, please fax your application form to 0866 822 833.

A. Beneficiary Details: (You may choose to support up to 3 beneficiaries)

This request is for a: New Card ☐ Replacement Card ☐ Change Beneficiary ☐ Link to Woolworths ☐

If you are a current MySchool supporter, please provide your card number.

Your card no: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

	Beneficiary name	City / Region
1.	Sabrina Love Foundation	Plettenberg Bay
2.		
3.		

Sabrina Love FOUNDATION
caring for children with special needs

B. Your Details:

Title: ☐☐☐☐ **Gender:** Male ☐ Female ☐ **Date of birth:** Y Y Y Y M M D D

First Name: ☐☐☐☐