

NUST Eenhana Campus Project

Pledge Form

| | | | |
|---|-------------|--|--|
| Name (individual) or Name (company) | | | |
| | | | |
| Address | Town/Region | | |
| | Telephone | | |
| | Email | | |

Signature _____

Date _____

I wish to remain anonymous

I/We are pleased to donate an N\$ _____ payable over _____ years (maximum of 3 years) in support of the NUST Eenhana Campus Project.

Pledge Information

° I will fulfill this pledge with a one- time payment of N\$ _____ on _____ (date dd/mm/yyyy).

° I will fulfill this pledge through annual bi-annual quarterly monthly payments of N\$ _____ beginning on _____ date dd/mm/yyyy).

° In-kind _____

° Other (please specify) _____

° **Via Bank**

| | |
|---------------------------|---|
| Account Name: | NUST-OHANGWENA CAMPUS PROJECT |
| Account Number: | 62274879223 |
| Bank: | First National Bank |
| Branch: | Corporate Branch |
| Branch #: | 281872 |
| International Swift Code: | FIRNNANX |
| Reference: | NAME/COMPANY |
| Address: | 207 Independence Avenue P/Bag 13239 WINDHOEK T: 264 61 299 92222 |

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