



**THE SOUTH AFRICAN
MEDICAL ASSOCIATION**
UNITING DOCTORS FOR THE HEALTH OF THE NATION
(Incorporated association not for gain. Reg. No. 1927/000136/08)

The SAMA Benevolent Fund

The South African Medical Association's (SAMA) Benevolent Fund provides financial relief and assistance to destitute doctors and their dependants. The Fund also assists needy medical students with bursaries.

How does the Benevolent Fund, fund its activities?

- Donations from medical practitioners are the main source of income.
- Traditionally a donation was made to the Benevolent Fund to honour the free treatment received from a colleague. Since many colleagues are now members of medical schemes, our income from this source has fallen significantly.
- In memory of a colleague, a posthumous donation can also be made to the Benevolent Fund.
- By compassionate colleagues making a small monthly donation.

How is the Benevolent Fund administered?

The distribution of the money is closely monitored and approved by a committee comprising of doctors. The decisions of the committee are guided by the Constitution of the Benevolent Fund.

SAMA needs the support of its members to keep this worthwhile fund running. Members are urged to donate funds and should you wish to donate, kindly use the donation form on the reverse side of this notice.

For more information on donations or receiving assistance, contact:

your local SAMA Branch
or
email: members@samedical.org

The SAMA Benevolent Fund DONATION FORM

DONATION FROM:

Name:

Address:

Phone:

PLEASE SELECT ONE OF THE FOLLOWING:

In lieu of service rendered Donation

In memory of

METHOD OF DONATION:

Cheque made out to SA Medical Association Benevolent Fund

Direct Deposit: **STANDARD BANK HATFIELD - CODE 011545**
ACCOUNT NUMBER 011933607

Donation-once off Monthly Donation
(Complete debit order instruction below) (Complete debit order instruction below)

DEBIT ORDER AUTHORISATION

Name of Account Holder											
Name of Bank											
Branch Name & Number											
Type of Account	Cheque		Savings		Other						
Account Number											

I hereby request and authorise the SA Medical Association to draw against my Account with the Mentioned Bank (or any other Bank or Branch to which I may transfer my account).

The Amount of R.....
which represents a donation to the Benevolent Fund

commencing.....until
further notice.

or: in a single payment during month.....

Signed

Date

Supply name and address of colleague who rendered service/in memory of

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A notice of acknowledgement will be sent to the relevant practitioner/family

SA Medical Association Benevolent Fund
P.O. Box 74789 Lynnwood 0040 ☎ 012 481 2071
(Registered with Department of Social Development 001611)