



Donation Form

Personal Details

Name	
Postal address	
Tel	
Fax	
Cell	
E-mail	
Date of birth	

Banking Details
Account Name: Abraham Kriel Childcare
Bank: ABSA Brixton
Acc no.: 140941336
Branch: 632005

I would like to receive the e-newsletter:

A ONCE OFF CONTRIBUTION	A MONTHLY CONTRIBUTION
<p>I herewith pledge a once-off contribution of R _____ Please choose an option by marking the appropriate box:</p> <p>Via my credit card: <input type="checkbox"/></p> <p>Via direct deposit: <input type="checkbox"/></p>	<p>I herewith pledge a monthly contribution of R _____ Please choose an option by marking the appropriate box:</p> <p>Via my credit card: <input type="checkbox"/></p> <p>Via direct deposit: <input type="checkbox"/></p> <p>Via a scheduled EFT: <input type="checkbox"/></p> <p>Cell number as reference _____</p>
DEBIT ORDER INSTRUCTION	CREDIT CARD INSTRUCTIONS
<p>Please deduct R _____ on the ____ day of _____ 20__ and every month thereafter.</p> <p>Account Holder: _____</p> <p>Account Number: _____</p> <p>Type of account: Current <input type="checkbox"/> Transmission <input type="checkbox"/></p> <p>Bank: _____ Branch: _____</p> <p>Branch Code: _____</p> <p>10% Annual increase authorised: Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Once off <input type="checkbox"/> Monthly <input type="checkbox"/></p> <p>Card no: _____</p> <p>Expiry date: _____</p> <p>10% Annual increase authorised: Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Acknowledgement Information

Signature: _____

Date: _____

Your signature is essential for the transaction to be activated.