



DONATION FORM

COMPANY / PERSONAL DETAILS		BANKING DETAILS	
Donor Name		Account Name:	Abraham Kriel Bambanani NPC
Postal Address		Bank:	ABSA
Tel		Account No:	140 941 336
Cell		Branch:	632005
Email		Swift Address:	ABSAZAJJ
Fax		Use your cell number as a reference followed by #CR	
Date of Birth			

Contact Me Send me the e-newsletter

A MONTHLY CONTRIBUTION

I herewith pledge a monthly contribution of R150 R500 R1000 OTHER R_____

Please choose an option by marking the appropriate box

Via my debit card Via a scheduled EFT

DEBIT ORDER INSTRUCTION

Please deduct R_____ on the ____ day of _____ 20__ and every month thereafter from:

Account Holder: _____

Account Number: _____

Type of Account: Current Transmission

Bank: _____ Branch: _____

Branch Code: _____

10% Annual Increase Authorised Yes No

A ONCE-OFF CONTRIBUTION

I herewith pledge a once-off contribution of R_____

ACKNOWLEDGEMENT INFORMATION

Signature: _____

Date: _____

Your signature is essential for the transaction to be activated

As per the Protection of Personal Information Act, 4 of 2013 POPI Act, Abraham Kriel Bambanani will not share, sell or distribute your personal information to any persons or entity.

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