



# DONATION FORM

COMPANY / PERSONAL DETAILS		BANKING DETAILS	
Donor Name		Account Name:	Abraham Kriel Bamabanani 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 #ERS	
Date of Birth			

Contact Me       Send me the e-newsletter       Send me the printed 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

## A MONTHLY CONTRIBUTION

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 Bamabanani will not share, sell or distribute your personal information to any persons or entity.

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