



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

ERNESTA SNYMAN-TEESSEN: 082 511 2710

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