



DONATION BY MONTHLY DEBIT ORDER

Please print page, and fill in, sign in space, scan and send by e-mail to nbod@aacl-jhbnb.co.za or post to PO BOX 7, Rosettenville, 2130, Gauteng, RSA

| | | | |
|-----------|--|-------|--|
| Full Name | | Title | |
|-----------|--|-------|--|

| | | | |
|-----------------|------|--|--|
| *Postal Address | | | |
| | Code | | |

| | | | |
|-----------------|--|---------|--|
| *Contact Number | | *E-mail | |
|-----------------|--|---------|--|

| | | | |
|-------|--|---------|--|
| *Bank | | *Branch | |
|-------|--|---------|--|

| | | | |
|-----------------|--|--------------|--|
| *Account Number | | *Branch code | |
|-----------------|--|--------------|--|

| | | | |
|------------------|--|--|--|
| *Type of Account | | | |
|------------------|--|--|--|

***Required by banking institution**

| | | |
|-------------------------------|---|--------------------------------|
| Please debit my account with: | R | On the first day of each month |
|-------------------------------|---|--------------------------------|

| | |
|------------------------------|--------------------------|
| I want to donate monthly to: | <input type="checkbox"/> |
|------------------------------|--------------------------|

| | |
|-----------------------|--------------------------|
| Johannesburg AACL | <input type="checkbox"/> |
| Durban AACL | <input type="checkbox"/> |
| Port Elizabeth AACL | <input type="checkbox"/> |
| Cape Town AACL | <input type="checkbox"/> |
| Ladysmith AACL | <input type="checkbox"/> |
| Pietermaritzburg AACL | <input type="checkbox"/> |
| Bredasdorp AACL | <input type="checkbox"/> |

| Commencing on | Year | <input type="checkbox"/> |
|---------------|------|--------------------------|
|---------------|------|--------------------------|

| | | |
|-------------|--|--------------------------|
| 1 January | | <input type="checkbox"/> |
| 1 February | | <input type="checkbox"/> |
| 1 March | | <input type="checkbox"/> |
| 1 April | | <input type="checkbox"/> |
| 1 May | | <input type="checkbox"/> |
| 1 June | | <input type="checkbox"/> |
| 1 July | | <input type="checkbox"/> |
| 1 August | | <input type="checkbox"/> |
| 1 September | | <input type="checkbox"/> |
| 1 October | | <input type="checkbox"/> |
| 1 November | | <input type="checkbox"/> |
| 1 December | | <input type="checkbox"/> |

| |
|--------------------|
| Signature of Donor |
|--------------------|

| |
|------|
| Date |
|------|