



# 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](mailto:nbod@aacl-jhbnb.co.za) or post to PO BOX 7, Rosettenville, 2130, Gauteng, RSA

Full Name		Title	
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*Postal Address			
	Code		

*Contact Number		*E-mail	
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*Bank		*Branch	
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*Account Number		*Branch code	
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*Type of Account			
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**\*Required by banking institution**

Please debit my account with:	R	On the first day of each month
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I want to donate monthly to:	<input checked="" type="checkbox"/>
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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 checked="" type="checkbox"/>
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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
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Date
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