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:	√		Commencing on	Year	√
Johannesburg AACL			1 January		
Durban AACL			1 February		
Port Elizabeth AACL			1 March		
Cape Town AACL			1 April		
Ladysmith AACL			1 May		
Bredasdorp AACL			1 June		
			1 July		
			1 August		
			1 September		
			1 October		
			1 November		
			1 December		

Signature of Donor		**Date**