



DONATION FORM

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 | |

I want to donate to:

| | |
|---------------------|--------------------------|
| 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"/> |
| Bredasdorp AACL | <input type="checkbox"/> |

I enclose a cheque made payable to the ANIMAL ANTI-CRUELTY LEAGUE for:

| | |
|----------|--------------------------|
| R 50.00 | <input type="checkbox"/> |
| R 100.00 | <input type="checkbox"/> |
| R 200.00 | <input type="checkbox"/> |
| R 500.00 | <input type="checkbox"/> |

I prefer to give (own amount) R

If you wish, you can make a donation by credit card.

Please tick the appropriate amount box above and write your card number in the boxes below:

| | | | | | | | | | | | | | | | | |
|--|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|--|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| DON'T FORGET THE 3 CCV DIGITS ON THE BACK OF YOUR CARD | | | | | | | | | | | | | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Card expiry Date | | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | |

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

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