

“I would like to
save children”



DONATION FORM

Please note your donation is tax deductible



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Fax: (012) 460 8531 • **E-mail:** marketing@cmrn.co.za

PERSONAL INFORMATION

Name and Surname: _____

Dr Prof Mr Mrs Miss

Postal address: _____

_____ Code: _____

E-mail: _____ Newsletter: YES NO

Tel: _____ Date of Birth: DD/MM/YYYY

DONATION OPTIONS

1. Monthly

Amount: R _____ /month:

Debit Order EFT

2. Once off

Amount: R _____ / once off:

Credit Card Cash EFT

BANK DETAILS

Account Holder: _____

Bank: _____ Type of Account: _____

Account No: _____

Branch: _____ Branch Code: _____

CMR NOORD

ABSA Brooklyn - Cheque Account, Branch code: 335 345

Acc No: 0050 160 033

I/We acknowledge that the party hereby authorised to effect the drawing(s) against my/our account may not cede or assign any of its rights to any third party without my/our prior written consent and that I/we may not delegate any of my/our obligations in terms of this contract/authority to any third party without prior written consent of the authorised party. Thank you for your co-operation.

Name and Surname

Signature