

# Abraham Kriel Childcare / Kindersorg

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Via website Fax: 086 548 7295 E-mail: mhh@abrahamkriel.org

my anker van hoop



BANKING DETAILS: Abraham Kriel Childcare ABSA Bank Acc: 140941336 Branch: 632005

my anchor of hope

## PERSONAL DETAILS

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Tel. \_\_\_\_\_ Fax. \_\_\_\_\_ Cell \_\_\_\_\_  
 E-Mail \_\_\_\_\_ Date of birth \_\_\_\_\_ Please contact me   
 Signature: \_\_\_\_\_

Thank you  
for your  
support

## A ONCE OFF CONTRIBUTION

I herewith pledge a once-off contribution of R \_\_\_\_\_

Please choose an option by making an X in the appropriate box

Via my credit card

Via a direct deposit

## A MONTHLY CONTRIBUTION

I herewith pledge a montly contribution of R \_\_\_\_\_

Please choose an option by making a X in the appropriate box

Via my credit card

Via a debit order

Via a scheduled EFT  Cell no as reference \_\_\_\_\_

## DEBIT ORDER INSTRUCTION

Please deduct R \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
 and every month thereafter, from

Acc. Holder \_\_\_\_\_ Acc nr \_\_\_\_\_

Type of account \_\_\_\_\_ Current  Transmission

Bank: \_\_\_\_\_ Branch \_\_\_\_\_

Branch Code: \_\_\_\_\_

10% annual increase authorised  Y  N

Please attach a cancelled cheque for cheque accounts only

## CREDIT CARD INSTRUCTION

Once off  Monthly

Card no

Expiry date

10% annual increase authorised  Y  N