

“I would like to  
**SAVE  
CHILDREN**”

## DONATION FORM

Please note your donation is tax deductible



📍 P O Box 2037, Groenkloof, 0027 📞 (012) 460 9272  
📠 (012) 460 8531 📧 marketing@cmrn.co.za

## PERSONAL INFORMATION

Name and Surname: \_\_\_\_\_

Dr  Prof  Mr  Mrs  Miss

Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

Tel: \_\_\_\_\_ Date of Birth: DD/MM/YYYY

I want to receive newsletters:  YES  NO

## DONATION OPTIONS

### 1. MONTHLY

Amount: R\_\_\_\_\_ / month

Debit Order  EFT

### 2. ONCE OFF

Amount: R\_\_\_\_\_

Credit Card  Cash  EFT

## YOUR BANK DETAILS

Account Holder: \_\_\_\_\_

Bank: \_\_\_\_\_ Type of Account: \_\_\_\_\_

Account No: \_\_\_\_\_

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

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      DD/MM/YYYY  
Date

## BANK DETAILS

CMR Noord  
ABSA Brooklyn  
Branch code: 335 345  
Cheque Acc no: 50 160 033