



# DONATION FORM

*We are most grateful for your support!*

## Contact details of sponsor

<b>Title</b>	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr	<input type="checkbox"/> Other
<b>Name</b>						
<b>Address</b>						
<b>Postal code</b>						
<b>Email</b>						
<b>Telephone</b>						

## Payment

Amount	Select one
R	Any amount once-off
R	Monthly donation amount
R	Annual donation amount
R	TOTAL DONATION

## Bank details

<b>Title</b>	
<b>Bank name:</b>	FNB
<b>Branch code</b>	252505
<b>Account number:</b>	62101833293
<b>Account name:</b>	GPAPD
<b>Reference:</b>	Your name / Anonymous

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_



*Please return this form with your payment proof to: [beena.gpabd@gmail.com](mailto:beena.gpabd@gmail.com)*

