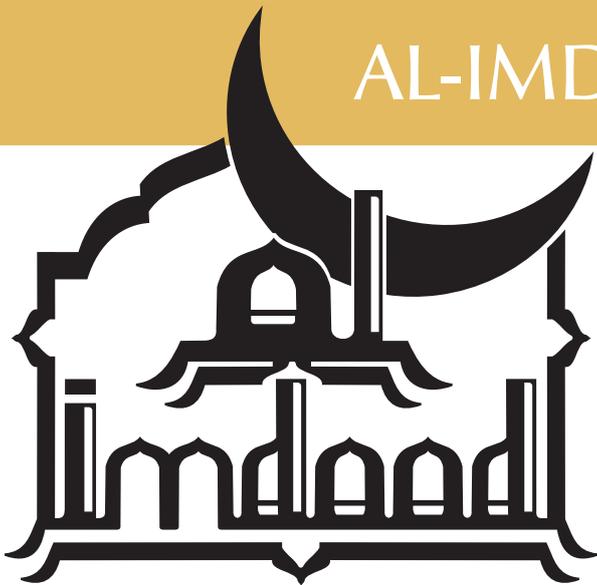# AL-IMDAAD FOUNDATION

AL-IMDAAD FOUNDATION

Striving to serve Humanity

Help us respond to any disaster within 24 hours. Kindly assist us by contributing on a monthly basis by faxing this document to (036) 3524114 and posting the original of this document to:
The Finance Department
Al-Imdaad Foundation
P.O. Box 481, Estcourt,
Kwazulu Natal, 3310, South Africa

RAND a DAY

PERSONAL DETAILS

Name		Surname	
Address			
			Code
Tel no.		Bank Name	
Cell		Branch Name	
Fax		Branch Code	
Email		Account Type	
ID no.		Account no.	

Contribute a RAND-A-DAY, for each member of your family, as charity keeps calamities away

Number of members in your family including yourself:		@ R1.00 / day =	R	x 30 days =	R	**Total monthly debit amount**

Please debit my / our account with the amount of R _____ ,00

(amount in words) _____

on the **15** / MM / YYYY (date) and thereafter on the 15th day of each month until cancelled by me in writing for payment to: AL-IMDAAD FOUNDATION

I / We hereby request, "instruct" and authorise you to draw against my / our account with the above mentioned bank stipulated amount. I / We understand that all such withdrawals from my / our bank account by you shall be treated as though they had been signed by me / us personally. We understand that the withdrawals hereby authorise will be processed by computer through a system known as the ACB Magnet Tape Service and I / we also understand that details of each withdrawal will be printed on my bank statement or on accompanying voucher. This authority may be cancelled by me / us by giving you thirty days notice in writing. I / We shall not be entitled to any amounts, which you have withdrawn in term of the above transaction while authority was in force.

Day	Month	Year

_____
Signature's as per bank specimen