

## DONATION FORM

I would like to make a donation to Age-in-Action:

I have debited a donation to Age-in-Action's bank account:

Account Name:

Currency:

Amount:

Date debited:

I would like my donation to be used for general funds:

I would like my donation to be used for the following programme:

Programme:	1. Intergenerational Library Project	<input type="checkbox"/>
	2. HIV/Aids Programme	<input type="checkbox"/>
	3. Grandparents Day	<input type="checkbox"/>
	4. Geriatric Diaper Programme	<input type="checkbox"/>
	5. Lending Depot	<input type="checkbox"/>

Please send me information about becoming an Affiliate/Member of Age-in-Action:

### Please complete the following:

Please note that all fields marked with the \* sign is compulsory.

Title:

Name: \*

Address: \*

Country:

Email: \*

Telephone:

Message:

Please complete  
Fax: **021 426 4290**