



FRIEND OF THE HIGHVELD HORSE CARE UNIT
APPLICATION FORM

PLEASE RETURN TO : Email - info@horsecare.org.za
Fax - 086 643 8345

Print this form (Ctrl P) and send it along with a cheque or proof of payment to the details provided.

NAME: (please print) _____

POSTAL ADDRESS: _____
_____ (area code) _____

TEL NO: (W) _____ **(H)** _____ **(CELL)** _____

E-MAIL ADDRESS: _____

For an annual donation I would like to become:

_____ **JUNIOR FRIEND (R 100.00 ANNUALLY)**

_____ **ADULT FRIEND (R 250.00 ANNUALLY)**

_____ **FAMILY FRIENDS (R 500.00 ANNUALLY)**

_____ **LIFE FRIEND (R 1500.00)**

And I would like to receive:

_____ **A FRIEND OF THE HORSE BADGE**

_____ **HHCU QUARTERLY NEWSLETTER**

_____ **HHCU CAR LICENSE DISC/SCHOOL SUITCASE STICKER**

_____ **A CERTIFICATE OF FRIENDSHIP**

_____ **I'D LIKE TO VISIT THE HIGHVELD HORSE CARE UNIT**

PAYMENT DETAILS:

HIGHVELD HORSE CARE UNIT
P O BOX 20

RANDVAAL 1873

FNB MEYERTON
BRANCH CODE
250137
A/C NO: 53010034238