



FRIEND OF THE HIGHVELD HORSE CARE UNIT
APPLICATION FORM

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

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 50.00)**

_____ **ADULT FRIEND (R 100.00)**

_____ **FAMILY FRIENDS (R 350.00)**

_____ **LIFE FRIEND (R 1200.00)**

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**

(open on the first Saturday of each month)

PAYMENT DETAILS:
HIGHVELD HORSE CARE UNIT
P O BOX 20
RANDVAAL 1873
email: info@horsecare.org.za
www.horsecare.org.za

FNB MEYERTON
BRANCH CODE 250137
A/C NO: 53010034238