



**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](mailto:info@horsecare.org.za)  
[www.horsecare.org.za](http://www.horsecare.org.za)

FNB MEYERTON  
BRANCH CODE 250137  
A/C NO: 53010034238