To: The Directors
Sandown Strathavon Community Active Protection (Company Incorporated Under S21)
Registered Public Benefit Organisation (PBO Number: 930027808)

SANDOWN STRATHAVON
COMMUNITY ACTIVE PROTECTION

Website: www.scap.org.za
Email: info@scap.org.za
Fax: 086 636 4476
Cell Phone: 078 323 7393

1 I agree to participate in this important initiative by making the following donation to SCAP which shall be debited by SCAP from my account (detailed in 2**B** below) on the following date:

D D / M M / Y Y Y Y

☐ R 5,000 ☐ R 10,000 ☐ R 15,000 ☐ R 25,000 ☐ Other R

AND / OR

2 By my signature below I authorise SCAP to debit my account (detailed in **B** below) on or about the 1st day of every month in the amount of :

☐ R 500 ☐ R 750 ☐ R 1,000 ☐ R 2,000 ☐ Other R

	A - Our Bank	B - Your Bank Account
Account Holder	Sandown Strathavon Community Active Protection (Pty) Ltd	
Bank Name	First National Bank	
Bank Branch	RMB Private Bank	
Branch Code	26 12 51	
Account Number	62188365912	

If you are paying via EFT please check this box and use the following payment reference "Name, Surname,Cell#" e.g. Mark Smith 0823334444. Please fax confirmation of payment to 0866-36-4476 ☐

3 I am prepared to assist on one of the sub-committees and/or offer some time to SCAP. ☐ YES ☐ NO

4 I presently DO DO NOT have a home reaction service with :

5

My contact details are as follows :	Principal	Spouse
Surname		
First Name		
ID Number		
Mobile Number:		
E-mail Address:		
Work Telephone Number:		
Home Telephone Number:		
Physical Address:		
Postal Address:		

6

Signed at on this day of 20

I support the establishment of a Community Improvement District in the Sandown Strathavon Area

☐ YES ☐ NO

Signature

Strictly Confidential

For Office Use: APSYS Info Pledge Debit Order Volunteer