



Pledge Form

Savoy Waverley Active Protection

Incident Command & Control Centre – **086 18-000-18**
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To: The Directors
Savoy Waverley Active Protection

For Internal use only
Pledge Ref #

DONATION TO SAVOY WAVERLEY ACTIVE PROTECTION (“SWAP”)

1. I agree to participate in this important initiative by making the following donation to SWAP in one lump sum into the account designated below:

R36,000 R18,000 R9,000 Other: _____

SWAP BANKING DETAILS	Account Holder	SWAP	<i>In the case of an Internet Transfer or Direct Deposit, please make use of this bank account</i>
	Bank Name	Mercantile Lisbon Bank	
	Branch Name	Sandton	
	Branch Code	450-905	
	Account Number	1007040289	
	Reference	Please include your FULL NAME as a reference	

2. I agree to participate in this important initiative by making the following monthly donation to SWAP:

R1,000 R500 R250 R150 My Proposed CID Levy

in monthly installments, into the account designated above. I further wish to make these payments by way of a *monthly debit order to be debited against my account (details below) on the 1st working day of every month or any other such date as may be required by the Directors of SWAP in their sole and absolute discretion. By my signature below, I hereby authorise SWAP to debit my account as set out below:*

BANKING DETAILS	Account Holder		<i>In the case of a Debit Order, please complete the banking information</i>
	Bank Name		
	Branch Name		
	Branch Code		
	Account Number		

3. My contact details are as follows:

Full Name

ID Number

Physical Address

Erf & Stand Number

Mobile Number

E-mail Address

4. Signed at _____ on this the _____ day of _____ 2010.

Signature

Savoy Waverley Active Protection
(Association incorporated under Section 21)
(Registration Number 2006/036496/08)