



# ELDERLY CARE FUND

for Retired Police Officials

P O Box 5084, Rietvalleirand, Pretoria, 0174

Tel: (012) 345-3005 ~ Fax (012) 345-2994

E-mail: admin@ecfund.org.za

# Debit Order Donor Form

[Non Profit Company (NPC)]

Reg nr: 1993/007507/08 ~ 001-724 NPO

[Nie Winsgewende Maatskappy (NWM)]

### Every day you have a choice ....

When you choose to spend time with a lonely older person,  
you will experience fulfilment.

When you choose to share your skills with a frail older person,  
you will experience blessings.

When you choose to support an older person financially,  
you will experience gratitude.

**The ECF is a Non-Profit Organisation**  
(registered as a Section 21 Company)  
that looks after the well-being of  
retired policemen and -women  
across our beautiful country

**The ECF gives you these choices by becoming an ECF contributor**

**Please assist the ECF by supporting our retired police family members  
and experience feelings of fulfilment, blessings and gratitude!**

Mark:

AFR  ENG

### PERSONAL INFORMATION

SERVING  CIVILIAN  RETIRED  PRIVATE

(# Your PERSONAL INFORMATION is very important for **A. Deduction to become a donor** and/or **B. Banking details for debit order**)

Surname: \_\_\_\_\_ Initials: \_\_\_\_\_ Cell: \_\_\_\_\_

Persal number: \_\_\_\_\_ Rank: \_\_\_\_\_ ID no: \_\_\_\_\_

Police Station: \_\_\_\_\_ Email (external): \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_ Tel no(w): \_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_ Tel no(h): \_\_\_\_\_

### A. DEDUCTION TO BECOME A DONOR

#### DEBIT ORDER (only for monthly donations)

\* **COMPLETE WHERE APPLICABLE**

New donor  Already a donor  Increase my donation with R

I, the undersigned,  
authorise the Elderly Care Fund: SAPS  
to deduct the amount of

R50  R100  R150  Other R

From my bank account, on a monthly basis, with effect from: \_\_\_\_\_ (Date)

### B. BANKING DETAILS (Debit orders only)

Bank: \_\_\_\_\_ Town: \_\_\_\_\_

Type acc: SAVINGS  CHEQUE  TRANSMISSION

Branch name: \_\_\_\_\_

Account no: \_\_\_\_\_

Branch code:

SIGNATURE: \_\_\_\_\_

DATE \_\_\_\_\_

(\* Your signature is required)