



F R I E N D S O F F R E D E R I C P L A C E

28 RIVERSDALE STREET, CORONATIONVILLE, JOHANNESBURG. TEL: (011) 673 3204.
 FAX: (011) 477 1133. PO BOX 88152, NEWCLARE. 2112.
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IMAGINE... yourself to be eighty years old.
 NOW IMAGINE... being raped by your teenage grandchild
 OR...taking shelter under a staircase at night.
 OR...your old age pension being stolen by your own family
 OR...being hungry almost every day.
 IMAGINE...at this age feeling totally alone, not loved or cared for.

Frederic Place provides a Haven for these desperate elderly people.
 Here they have found peace and comfort in a caring environment.
 Here they are able to live the rest of their lives cared for by staff who treat them with the love and respect that they deserve.
 The dignity once lost returns.

This is a costly service and we need your help. The campaign is to enable us to build up a monthly income which will assist us to meet the high expenses incurred in the running of Frederic Place.

If what you have read touches you we invite you to become a FRIEND OF FREDERIC PLACE and assist us as we continue our work of caring for destitute elderly people of all races.

All you need to do is: complete the debit order provided to make a monthly contribution.
 For every R25 pledged you will be given a number which will go into a monthly draw.
 30% of the money received will be paid out monthly to the lucky FRIEND OF FREDERIC PLACE whose number is drawn. The winner will be notified personally and the result will be published in the Events Column of the Star Newspaper on the last day of every month.

Complete the form below and return to Friends of Frederic Place, P.O.Box 88152, Newclare. 2112.

Surname _____	Bank/Credit Card _____
First Name _____	Branch Code _____
Address _____ _____	Bank Account No _____
Telephone No's: (H) _____ (W) _____ (Cell) _____	Credit card No _____
	Type of Account _____
Sponsorship: _____	I/We hereby authorise Society of St Vincent De Paul, Frederic Place to draw the amount stated against my bank account (as per above) on the 1st day of each month (via Debit Order) The authorization can only be cancelled by me in writing with one months given notice.
Annual Cash Payment: R _____	
Monthly Debit Order: R _____	
With effect from 1st _____ 2006	_____
A Section 18A receipt is available on request	SIGNATURE