

The Hiddleston-Scaife Commemorative Trust PO Box 235, Wanaka 9343

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Dear Friends of David Hiddleston and Paul Scaife:

The tragic accident resulting in the loss of Dave and Paul on Mount Tasman in December 2003 is strongly felt by so many of us. Our wish is to honour the memory of these two inspirational guys who enthused everyone with their deep love of climbing and the alpine world! What would they have wanted?

The Plan!

A registered Trust has been established (Hiddleston-Scaife Commemorative Trust) to provide cash grants to help Aspirant Guides complete the final stages of their IFMGA qualification through the New Zealand Mountain Guides Association, with the objective of further enhancing the high standard of NZ mountain guiding.

The aims to raise \$150,000 from contributors to enable sponsorship of at least two Aspirant guides each year. A formal application and interview process is undertaken by Aspirant guides who wish to apply.

The Board of Trustees - Hugh Barnard, Jean Kenney, Nick Cradock and Grant Fyfe invite David and Paul's friends, former clients, sponsors and people in the mountaineering fraternity to contribute to the Trust. We believe this is a worthy cause and your enthusiastic support is welcomed.

Donors can complete the form attached overleaf and forward with their accompanying cheque (or Credit Card details) to: Hiddleston-Scaife Commemorative Trust, P.O.Box 235, Wanaka, NZ.

Meantime, we will keep friends and mountaineering enthusiasts "up with play" by publishing details of the Trust's progress on The New Zealand Mountain Guides website www.nzmga.org.nz. Please feel free to forward this information to anyone you believe would be interested in donating.

With our best wishes, The Trustees

Please cut, complete and return PO Box 235, Wanaka 9343, NZ					
I wish to ma	ake a donation to th	ne Hiddleston-Scaife Comr	memorative Trust. I prefer to	pay by:	
cheque	visa 🔲	mastercard	direct deposit	02-0673-0079518-000	
Amount	Date	Email Address:			
Name In Full	•••••		Phone No		
Postal Address					
Card #			Expiry date:		
Name on card:		Signature:			