

DETAILS OF SPONSOR

NAME: _____

ADDRESS: _____ E MAIL ADDRESS _____

COUNTRY: _____

TEL: _____ MOBILE _____

FAX: _____

NO. OF CHILDREN TO BE SPONSORED _____

RATE OF SPONSORSHIP FULL/HALF (TICK APPROPRIATELY) _____

MODE OF PREFERRED COMMUNICATION BY SPONSOR:
TELEPHONE/FAX/EMAIL/LETTERS (TICK APPROPRIATELY) _____

PAYMENT SCHEDULE: YEARLY/HALF YEARLY/QUARTERLY/MONTHLY
(TICK APPROPRIATELY) _____

NATURE OF SPONSORSHIP: FAMILY/INDIVIDUAL/COMPANY

ANY SPECIFIC REQUEST BY THE SPONSOR _____

SIGNATURE: _____

DATE: _____

FOR OFFICIAL USE ONLY

NAME OF SPONSOR: _____

EFFECTIVE DATE OF SPONSORSHIP: _____

MODE OF PAYMENT: _____

PAYMENT SCHEDULE: _____

SELECTED CHILD _____ F.NO. _____ AGE: _____

MODE OF COMMUNICATION WITH SPONSOR _____

REMARKS: _____

NAME OF OFFICIAL: _____

SIGNATURE: _____

DATE: _____