



Child Sponsorship Contract Form

I would like to donate for:

 Sponsorship for a child for _____ month(s) amount of _____


I want to support the child named _____


Or


I want to support any child _____


&

I want to support this child for (yr/s), primary school (), entire life ()

 Education package for _____ month(s) amount of _____

 Food package for _____ month(s) amount of _____

 Clothing package for _____ month(s) amount of _____

 Health package for _____ month(s) amount of _____

 Social Services package for _____ month(s) amount of _____

 On time donation for _____ with an amount of _____

Contact Details:

Name: _____ Family Name: _____

Email: _____

Phone: _____

Mail address: _____

BANK NAME: CRDB PLC
ACCOUNT NAME: MSAMARIA CENTER FOR STREET CHILDREN
A/C NUMBER: 01J1040908600
SWIFT CODE: CORUTZTZ
ADDRESS: P.O. BOX 1302
MOSHI, KILIMANJARO
TANZANIA

If you have any questions please contact info@msamariakids.org or +255(0) 754 392 171

Please note that if you fancy supporting more than one child please lodge another donation form

What would be offered to you:

- Updating information about the center and your particular child
- Letters and drawing from your child
- School results
- Season greetings
- We would also respond any request from you

I agree to abide by the above declarations and expectations.

Date

Sponsor

Director

Departmental Representative

www.msamariakids.org

With Thanks/Asante Sana