



YES, I WILL BECOME A GODPARENT!

I would like to sponsor:

- | | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Saidat | <input type="checkbox"/> Nasra *2016 |
| <input type="checkbox"/> Joyce | <input type="checkbox"/> Yusra |
| <input type="checkbox"/> Nasra *2015 | <input type="checkbox"/> Aisha |
| <input type="checkbox"/> Ester | <input type="checkbox"/> Whitney |
| <input type="checkbox"/> Upendo | <input type="checkbox"/> Dorcas |
| <input type="checkbox"/> Mariam | <input type="checkbox"/> Nidga |
| <input type="checkbox"/> George | <input type="checkbox"/> Feisari |
| <input type="checkbox"/> Gasper | <input type="checkbox"/> Twaribu |
| <input type="checkbox"/> Innocent | <input type="checkbox"/> Sabri |
| <input type="checkbox"/> Faridi | <input type="checkbox"/> Salumu |
| <input type="checkbox"/> Alex | <input type="checkbox"/> Saidi |
| <input type="checkbox"/> Nasra *2017 | <input type="checkbox"/> Nasri |
| | <input type="checkbox"/> James |

Name, first name: _____

Street, house number: _____

Postcode, place: _____

E-Mail: _____

Birth date:* _____

**For a little surprise.*

I hereby authorise the association Waisenkinder Tansania e. V. to collect the contribution for my child sponsorship from my account. sponsorship from my account.

I pay by standing order.

I pay by direct debit authorisation.

Bank account holder _____

IBAN _____

from (date) _____

Debit about _____ per month 1/4 annual 1/2 annual yearly

Place, date _____ Signature _____

You only take over the sponsorship for as long as you want. You can end your commitment at any time without giving reasons. A short note to us is sufficient.

Please send this sponsorship application in a stamped envelope to:

WAISENKINDER TANSANIA e. V., Angelika Gritzmam, Tannenweg 12, 64711 ERBACH - Germany - or per Email to: info@waisenkindertansania.de