



Sponsorship Commitment Form

Personal Information	
Name	
Surname	
Contact No.	
Email Address	
Postal Address	
Type of Sponsorship	
□ I am an individual sponsor □ We are a group of sponsors □ We are a corporate sponsor Contribution Amount	
 I/We would like to sponsor full programme costs of € 3500 per annum I/We would like to part sponsor a child on the programme with an amount of € 	
Payment Schedule	
I/We will pay in advance (please tick relevant box)	_
□ Monthly	
□ Quarterly	
□ Bi-Annually	
□ Annually	
NB: for group sponsors, please include the details of the other sponsors below	
	

Method of payment

□ EFT to Sawabona	Africa	bank	account	(preferred	option)

□ Other (please detail) _____

Sawabona Africa Banking Details

Bank: Deutsche Skatbank

Account Name: Sawabona Africa e.V.

IBAN: DE30 8306 5408 0004 2713 86

BIC: GENODEF1SLR

Address: Karolingerallee 7, 81545, München, DE

Please note

All personal and financial information is held in strictest respect, confidence and security

We will send all payment confirmations via email

Donations are tax deductible and we will issue a Tax Certificate for tax purposes

Bright Start and Sawabona Africa will publish annual statements for reference, transparency & accountability purposes

Thank You, your Gift lasts forever

Sponsorship commitment					
I (your name) agree to sponsor the child					
(child's name) for a minimum period of 2 years from	(date) with a notification period of				
3 months.					
I Agree					
That any communication will be facilitated through Sawabona Af	rica.				
I have read and understood Sawabona Africa's Data Protection I	Policy (http://sawabona-africa.com/datenschutz/)				
To pay the sponsorship fees in advance as indicated on this form	1.				
Signed (signature)					
Print (your name)					
Date					
To confirm your sponsorship, please return to by email	il to:				
zilla@sawabona-africa.com					