



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 Africa.

I have read and understood Sawabona Africa's Data Protection Policy (<http://sawabona-africa.com/datenschutz/>)

To pay the sponsorship fees in advance as indicated on this form.

Signed ----- (signature)

Print ----- (your name)

Date -----

To confirm your sponsorship, please return to by email to:

zilla@sawabona-africa.com
