



Address: Plot 7, Wilson Avenue Jinja
P. O. Box 558, Jinja, Uganda
Website: www.nissirephidimcare.org
Email: sponsor@nissirephidimcare.org
Cell: +256 757 204552
+256 783 856775
+256 751 326494

Raising Hope. Enabling Torchbearers into the Future.

Date:

CHILD SPONSORSHIP FORM

SPONSOR INFORMATION

First & Last Name:

Plot #:

Address:

Street City State

Place of Work:

Day Phone: () Alt. Phone ()

E-mail Address: Zip code:.....

MATCH INFORMATION

How would you describe yourself as a sponsor?

Individual Organization or business

PREFERENCES

MARK ALL THAT APPLY.

Pre – Primary & Primary School Children

Number of Children I wish to sponsor at \$20 = 75,000/= a month: #

Preference: No Preference – select a child for me

Boy Girl Pre-Primary

Primary Mildly Disabled Severely Disabled Child*

*severely disabled children will not be able to correspond personally with letters

Give a one-time gift

I would like to give an additional towards:

Child Development Fund Wherever Needed Most

MY MONTHLY COMMITMENT WILL BE: (Tick one item)

\$ Monthly:

For Pre-primary/primary children,

Secondary children

University Students

Onetime gift



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PAYMENT INFORMATION

PLEASE COMPLETE ONE TYPE OF PAYMENT

Cash

Amount:
Name of your sponsored child:
Your Sponsorship Number:

Cheque (payable at NRC) Chk #:

Amount:
Name of your sponsored Child:
Your sponsorship Number:

MTN Mobile Money Number (+256 783 856775) (payable to code: NRC)

Amount:
Name of your sponsored Child:
Payment made through phone #

Please charge my credit card for the amount due according to the above schedule and amounts (all amounts in U.S. dollars).

Card Type: Visa MasterCard Card Number

_____ Exp. _____

Month/Year 3-digit Number on back of card _____

Name as Shown on Card _____

Billing Address for Card _____

Billing Phone Number for Card () _____

Cardholder Signature _____

authorizing this credit card to be charged per agreement herein

ADDITIONAL PAYMENT INFORMATION

Payment should be submitted on 1st week of every month, in addition to the above payment methods, payment can also be submitted to:

Bank Name: Absa Bank, Kampala

Acct Name: Nissi Rephidim Care

Acct Number: 6005038047

Alternatively you can also set up a standing order with your personal bank to enable automatic monthly deductions.



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Data Protection/ Confidentiality Agreement.

Nissi Rephidim Care observes the privacy conditions of data protection law when collecting, storing and processing the personal data you provide. You may request to see the information stored by NRC at any time and rectify any mistakes. NRC sees to it that everyone who deals with personal data is obliged to observe the conditions of data protection law.

Protecting the rights of the children in our care is equally important to us. Therefore, please understand that we cannot pass on certain pieces of information to sponsors. In addition, we ask that you treat any information entrusted to you about your sponsored child/children, discreetly and responsibly and not publish it or pass it to third parties outside of your immediate family. Sensitive information should not be mentioned to the child/children. This is to prevent them from finding out about information that is being withheld from them for their own protection, and which they will be told about in an appropriately sensitive manner at a later stage.

By signing below, I acknowledge that I have received and accepted the data protection guidelines as outlined above.

Signature: Date: