Issue Date:

**ORPHAN SPONSORSHIP FORM**

Monthly: USD 45 BI ANNUALLY: USD 270 Annually: USD 540

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Mr. Mrs. Miss Name: Sure Name:

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OR Name of Company:

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Street Address:

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City: Email:

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Landline: Mobile:

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Date: Signature:

**ORPHAN CHILD INFORMATION**

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Child Full Name:

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Address:

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Gender: Age: Nationality:

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Date of Birth: No of Siblings:

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Health Status:

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Student of Class: School:

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Date: Signature:

SEND CONFORMATION ON 0092-3103666687/ 0092-3005127768