

Application Form sponsorship orphans in Minethouk village in Myanmar

First name:		Last name:	
Street:		House number:	
Zipcode:		Town/City:	
Country:		E-mail address	
Phone:		Mobile phone:	
I do / don't* wish	n to receive the annual CfC newsle	tter. (*strike out where no	ot applicable)
	oonsor (one of) the orphans who coar. I choose the following sponsors	,	nages in the village of Minethouk on Inle
O Sponsorship	of clothing and school supplies	(€10 per month)	
O Sponsoring of	of food and drinks	(€ 20 per month)	
O Sponsorship	of the total package	(€30 per month)	
My sponsorship	starts from the first of the month .	of the year	
The BIC code of part of the curre lump sum or in r	f the bank is RABONL2U. After recont calendar year. After that, I will remonthly instalments.	eipt of the sponsor form, eceive a new invoice eve	Rabobank, Diemen, The Netherlands. I will receive an invoice for the relevant ry year. The invoice may be paid in one ion e-mail from the Care for Children
	my sponsorship, I will inform the Ca ir. This is to prevent unnecessary i		on in writing before the end of a current
in touch with you		se your sponsor money v	child if you wish. If you like, you can keep vill benefit all children. We make no be linked to a specific child.
Make your spon	sor choice below:		
O I would like t	o sponsor, but do not need to be li	nked to one of the childre	en.
O I have no pre	eference and sponsor the child who	o has the most interest in	this.
O My preference	ce is for a boy or girl:		
O My preference	ce is for a child in the age category	:	
Date:		Name:	
Place:		Signature:	

Send (or e-mail) this completed form to:

Care for Children Foundation, Milrooijseweg 9, 5258 KE Berlicum, The Netherlands, info@careforchildren.nu.