

SPONSORHIP FORM

We are grateful for your support for the Dunga Orphanage Project/Community Care Initiative and our mission to provide orphaned and impoverished children in Kenya with the basic human needs in a caring, safe environment. Your monthly commitment of \$30, \$60 \$90 or \$120 per month will improve the quality of life of a child in desperate need. We have also started a separate education fund for those donors who would like to support us but may not wish to sponsor an individual child. We are able to process automatic one-time or monthly donations by Bill Pay or directly from your checking/savings account. Individual checks are always welcomed and appreciated.

Please Print Name of Child Whom You Would	Like To Sponsor	
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Tour Name		
Address		Email
City	State	Zip
Payment Options		
	nted \$ nthly (I st of mo.)	
Checking/Savings A	Account Withdrawal Bi	II Pay
as Sponsorship payment. This authorized	e Project to initiate withdrawals from o orization will remain in place until we c cking Savings	
Account Holder		
Name	Bank State	
CityBank Transit (ABA) #	State Account Number #	_ Zip
♦ INCLUDE A COPY OF YO	OUR VOIDED CHECK	
Monthly Date	_Bank	
Signature		Date
	ntact: DOP Attn: Carmen Bruner, E 98273 USA Email: info@dungaproject	

The Dunga Orphanage Project is a 501c3 (tax ID #20-3732293) non-profit organization. Your donation is tax deductable subject to IRS rules and regulations.