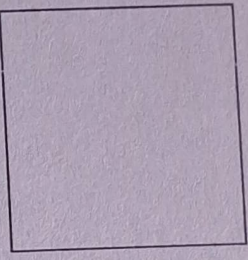
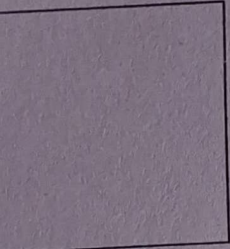




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Muday Bego Adragot Mahiber

Corporate/Group/ Sponsor Form



Full Name _____
 Occupation _____
 Phone Number _____
 Address _____
 E-mail Address _____ P.O.B ox _____
 Agreement Date _____

Child's/Student Full Name

Name _____
 Grade _____
 Age _____

No	What your Donation provides	Daily cost per person	Monthly cost Per person	6-month cost per person	Yearly cost per person
1.	Full payment for shelter, clothes, food, School and health care	20	20x30 600 birr	600x6 3,600 birr	600x12 7,200 birr

I agree to help by the amount of money that has been listed above and fulfill my obligation as a citizen

Name _____
 Date _____
 Signature _____



Address;- Akaki kaliti woreda