

KCF TEACHER AND MEDICAL WORKERS' SPONSORSHIP FORM

Date: _____
Name _____
Address _____
City _____ State: _____ Zip: _____
Day Phone* _____ Email: _____

***Please note that telephone number is required.** We do not share our information and therefore a guarantee of your information. But should we have any questions about your sponsorship form, we may need to contact you as soon as possible.

Do you already sponsor a child/ Project/ Staff through KCF? No _____ Yes _____

Support a Teacher in Uganda:

_____ \$150/ 3 months
_____ \$300/ 3 months
_____ \$450/ 3 months
_____ \$600/ 3 months
_____ \$ _____ / Every month (Print in amount).

Note: Individual teachers are not assigned to each sponsor. Donations go into Operational Staff Fund to help all KCF teachers.

Support a Medical Worker in Uganda:

_____ \$1500/ 3 months
_____ \$3000/ 3 months
_____ \$4500/ 3 months
_____ \$6000/ 3 months
_____ \$ _____ / Every month (Print in the amount).

Note: Individual medical workers are not assigned to each sponsor. Donations go into the Operational Staff Fund to help all KCF MEDICAL WORKERS

I would like to give an additional one-time gift of _____

For:

- _____ The People's Medical Centre General Expenses.
- _____ KCF Social Services Projects (HIV/AIDS, Environment, Orphans and Vulnerable Groups)
- _____ KCF monitoring and evaluation expenses
- _____ Wherever needed most

Payment Method (please complete only one type of payment method)

1. _____ **Check** (payable to: Kassanda Cornerstone Foundation) Currency _____ Amount _____

I agree to cover sponsorship fees by check. I understand I will receive Notification from KCF when fees are due. (Note: It takes 2-12 weeks to process a single check).

2. _____ To MAKE YOUR TRANSACTIONS THROUGH WIRE BANK

(Please choose one of the three following options)

_____ For the Transfer of Great Britain Pounds (£) Click Here

_____ For the Transfer of EURO(€) Click Here

_____ For The Transfer of United States Dollars (\$) Click Here