

Kibaale School Support Form

Yes, I would like to Sponsor:

Date _____

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Email _____

_____ a child for \$15 a month or _____ children (Number) x \$15 _____ Per Month

_____ I would like to provide one uniform \$10 each _____ x \$10 = _____

_____ I would like to give a one-time gift of \$ _____

I would like to sponsor a Staff member:

_____ Headmaster: \$50 per month Number of months _____ x \$50 = _____ per month

_____ Teacher: \$30 per month Number of months _____ x \$30 = _____ per month

_____ Staff: \$20 per month Number of months _____ x \$20 = _____ per month

_____ I will support the School and children at Kibaale School with prayer

_____ I wish to pay by personal check enclosed, payable to Kibaale Hope Inc.

_____ I wish to pay monthly by Bank Draft. Call 678 522 7142 for how to pay.

_____ Credit Card. Call 678 522 7142 for how to pay.

You can contact David Dobra, fund administer, at daviddobra@bellsouth.net or 678 522 7142
Please mail this form and your gift to: Kibaale Hope Inc, 5147 Cabot Creek Dr., Sugar Hill, GA 30518

All gifts are tax deductible we are a (501c3) non-profit registered in the state of GA