** KERRY WEST ORPHANAGE PROJECT**

31 Eveas Drive, Great Easthall, Sittingbourne, Kent, ME10 3FD

Tel: 07951 435222 Email: [kworphans@gmail.com](mailto:kworphans@gmail.com)

Registered Charity No: 1173038

**Sponsorship Form**

**Please complete in block capitals**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Name of the child you wish to sponsor:**

**or**

1. **I would prefer to sponsor a boy/girl (please delete as appropriate)**

**My preferred age group is:**

1. **I don’t mind which child I sponsor**
2. **I don’t wish to sponsor a particular child but would like to sponsor the project as a whole**

**Sponsorship amount (per month):**

**I agree to set up a standing order for the amount of £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to credit the Kerry West Orphanage Project bank account: Account number: 28870816, Sort code: 601925, on the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) of each month starting from\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**I am a UK tax payer and am happy for Gift Aid to be claimed on all my donations YES/NO**

**(please delete as appropriate)**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Thank you for supporting the Kerry West Orphanage Project**

Please return the completed form to: 31 Eveas Drive, Great Easthall, Sittingbourne, Kent, ME10 3FD