Takoa Foundation
One life at a time

DONOR FORM

Name & ID of Child

.....

.....

.....

ID NO. .: ..... Date of Sponsorship: .....

Name: .....

Address: .....

.....

.....

Phone No.: .....

ID NO: ..... ID Type: .....

Email: .....

I, ... of .....

do pledge to give Takoa Foundation an amount of .....

.....(¢.....)

(Please tick)

☐ Monthly ☐ Quarterly ☐ Annually ☐ Twice every year ☐ One time only

Towards ☐ child sponsorship ☐ Education sponsorship ☐ Health outreach

Takoa Foundation representatives can remind me from time to time about my commitment. I wish to undertake the payment through:

☐ Cash payments ☐ Standing orders to the account below ☐ Post dated Cheque payments

Account name: Takoa Foundation
Account No: 1181010085795501
Bank: ADB **Branch:** Spintex
Swift Code:

Signature: ..... Date: .....

Thank you and God bless you