Takoa Foundation

CHILD SPONSORSHIP REQUEST FORM

"One life at a time"

*Thank you for choosing to change a child's story. Please click into the blue boxes to type your answers and click the tick boxes (☐) to select. Then save the form and return it to Takoa Foundation. Fields marked * are required.*

1 SPONSOR IDENTIFICATION

Full name *

Date of birth (DD/MM/YYYY)

Sponsoring as: ☐ Individual ☐ Family ☐ Company / Organisation

Nationality

Occupation / Organisation

Gender: ☐ Male ☐ Female

ID type *: ☐ Ghana Card ☐ Passport

Ghana Card number or Passport number *

Phone / WhatsApp number *

Email address *

Residential address *

City / Town

Country

2 SPONSORSHIP PREFERENCES

Child preferred: ☐ Girl ☐ Boy ☐ No preference

Number of children to sponsor *

Preferred age range (e.g. 6-10)

Specific child name / ID (if known)

Area of support: ☐ Education ☐ Healthcare ☐ Nutrition ☐ Shelter / basic needs

Other area of support (please specify)

Sponsorship frequency: ☐ Monthly ☐ Quarterly ☐ Annually ☐ One-time gift

Amount per child (GHS)

Preferred start date

Special requests or comments

3 SPONSOR AND CHILD ENGAGEMENT

a) Would you like to visit the child?

☐ Yes ☐ No ☐ Not sure

If yes, how often? ☐ Monthly ☐ Quarterly ☐ Twice a year ☐ Once a year

Other frequency (please state)

b) Would you like the child to visit you?

☐ Yes ☐ No ☐ Not sure

If yes, how many times per year?

Preferred months / occasions to visit (optional)

c) Do you want the child to know who you are?

☐ Yes, share my full name ☐ Yes, first name only ☐ No, I wish to remain anonymous

d) Would you like letters, photos and progress updates?

☐ Yes ☐ No

Preferred channel: ☐ Email ☐ WhatsApp ☐ Post

4 MODE OF PAYMENT

Select payment mode *: ☐ Bank transfer ☐ Mobile Money (MoMo) ☐ AT Money ☐ Cash

PAY TO: TAKOA FOUNDATION

Momo: 0530486413
AT Money: 0270171819
Bank: Takoa Foundation, Zenith Bank, Tema Community 1 Branch
Account No.: 6010323460

Amount paid (GHS)

Date of payment

Transaction / reference no.

Please use your full name as the payment reference and send proof of payment (screenshot or receipt) with this form.

5 DECLARATION

I confirm that the information provided is accurate and that I wish to sponsor the child(ren) as indicated above.

☐ I agree to the above declaration *

Sponsor signature (type full name) *

Date *

FOR OFFICE USE ONLY

Child ID(s) assigned: _____ Received by: _____ Date: _____