

SPONSOR-CHILD-CONTRACT LOCAL KID NGO

Information about the child

| Name of the child | |
|-------------------|-----------------|
| | |
| | |
| Birthdate | |
| | |
| | |
| School and Class | |
| | |
| | |
| Place of living | |
| | |
| | |
| Monthly donation | 15 Euro monthly |
| | |
| | 30 Euro monthly |

Information about the Sponsor

| Name | |
|-----------|--|
| | |
| | |
| Birthdate | |
| | |
| | |
| | |
| Adress | |
| | |
| | |
| | |

| Contact Details (Phone No., E-Mail) | |
|-------------------------------------|--|
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If I have to terminate the contract for economic reasons, I agree to inform Local-KID of my termination 3 months before the termination of my sponsorship contract.

_____ I have read through and understood this information. (please tick)

I hereby authorize Local KID e.V. to send me reports and newsletters to my address or email address. I agree not to publish confidential data of the children, as well as inappropriate pictures and information in order to preserve the dignity of the children and families. My godchild is not my own child, I have no rights to rename the child, to declare him as my own or to impose my will on him in any way. I am aware that my godchild has his own wishes and is able to make decisions that may be incomprehensible to me. In this case, I trust my godchild and Local-KID e.V. to make the right decisions.

Signature of the Sponsor Signature of Local KID

Bank account

Volksbank Breisgau Nord, Local-KID e.V. DE 2468 0920 0000 2883 9510 GENODE61EMM

Transfer Reason: Name of your sponsor child

Please sign this sponsorship contract and send it to us digitally by e-mail or by post. Feel free to tell us which child you would like to support if this is important, or we will suggest a child to you. The contract will then be completed with the child's details and our signature and sent back to you.