

ORPHAN SPONSORSHIP FORM

AL-AYN SOCIAL CARE FOUNDATION CANADA



ROLE OF SPONSOR

- Sponsor is committed to sponsoring an orphan for a minimum of 12 months.
- Sponsor is obliged to pay the agreed amount of sponsorship, and to give notice of 4 months in advance in the case of suspending, to allow the organization to find an alternative sponsor for the orphan.
- Sponsor is obliged to pay the specified amount of Zakat El-Fitra on behalf of his/her orphans.
- Sponsor is obliged to keep orphan's information confidential, not to share orphan's image or personal resume, and respect the orphan's privacy and integrity.
- The sponsor may provide the orphan with financial grants, clothes, and gifts on special occasions and Eids. The sponsor can contribute towards the costs of medical care, house renovation, and other types of support.
- The sponsor may continue sponsorship after the age of 18 to allow the orphan to pursue university education, if the Foundation deems suitable.
- To arrange an in-person visit to the orphan in Iraq; please contact the Foundation 2 weeks prior to the visit. The foundation will inform you of the next steps. This is given if the orphan's family's situation permits.

ROLE OF THE FOUNDATION

- To prepare information for orphans who are in need of sponsorship.
- To set the sufficient sponsorship amount and deliver it to the orphan with no deduction.
- To follow up with the guardian on how the sponsorship amount is spent on the orphan.
- To provide for the orphan's medical, educational, and psychological needs.
- Orphans in Iraq are receiving 100,000 IRQ. Difference in currency exchange between sponsorship amount and received amount will go towards other orphans.

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I HEREBY AGREE THAT I READ AND ACCEPT THE ABOVE CONDITIONS.

Sponsor's Signature

Date

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AL-AYN SOCIAL CARE FOUNDATION CANADA



SPONSOR INFORMATION

| | | | |
|--------------|----------------------|--------------------------------------|----------------------|
| Full Name | <input type="text"/> | | |
| Full Address | <input type="text"/> | | |
| City | <input type="text"/> | Province | <input type="text"/> |
| | | Postal Code | <input type="text"/> |
| E-Mail | <input type="text"/> | | |
| Phone # | <input type="text"/> | Donor ID # To be filled by Office | <input type="text"/> |

TYPES OF PRIVATE SPONSORSHIP

Select One:

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| | | |
|--|---|--|
| <input type="checkbox"/> Regular Orphan \$100 Per Month | <input type="checkbox"/> Orphan with Special Needs \$120 Per Month | <input type="checkbox"/> Academically Excelled Orphan \$145 Per Month |
| <input type="checkbox"/> # of Orphans | <input type="checkbox"/> # of Orphans | <input type="checkbox"/> # of Orphans |

PAYMENTS DETAILS

Payment
Method

Frequency

THIS SECTION TO BE FILLED BY OFFICE

Sponsorship
Start Date

Total Amount
Received

Defined by

Name:

| NO | NAME | ORPHAN CODE | FAMILY CODE |
|----|------|-------------|-------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

Office Notes / Special Request:

Initiatory Receipt No.

Initiatory Receipt Date

Sponsorship Representative Signature

Sponsor's Signature