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Impact is a mission outreach of Emmanuel Community, a Catholic Community within the Archdiocese of Brisbane

Ugandan Child Sponsorship (UCS) Application Form

Name:	
Address:	
City:	State: Postcode:
E-mail:	Phone:
Signature:	Date:
SPECIAL REQUESTS	S FOR SPONSORSHIP Please send this form to the address above
☐ I am excited to spo	onsor: Impact Code:
	pelow if you have a gender and / or school level preference. We will do our best however wheet your request due to changing circumstances.
☐ I have no preferer	nce - please match me with the child most in need.
☐ I prefer to spons	or a child who is Male / Female and in Primary / Secondary school (please circle)
•	t: Please circle amount Secondary: \$90/month OR \$1080 annual
	ease tick relevant box)
☐ EFT Direct Deposit	into the Emmanuel Community Account Account Number: 10252685 Reference with 'UCS' & your Name
	Statement will show 'Emmanuel Community' . by for recurring credit card payments. You will receive electronic confirmation of each payment.
☐ VISA	☐ MASTERCARD
Account Num	ber: Exp:/
Cardholder's Na	ame: Signature:
·	Date Received: / / Completed By:
	Age: Class: Impact Code:
Sponsorship Amount:	\$ Mth / Yr Payment Method: ☐ EFT Direct Debit ☐ Credit Card
Sponsorship Payment	Start Date: / / School Term Start: Term
A5 Card taken: Yes /	No Welcome Letter Sent: / / via □ email □ post