



(An Indigenous Christian Faith-based Organization involved in rural community development in the following areas: Fishing Ministry, Farming, Water Provision, Medical Ministry, Formal and Informal Education, Vocational Training, HIV Awareness Programme, Agriculture, Leadership Training and Church Planting)

EDUCATION SPONSORSHIP FORM

1. Name of organization _____
2. Street Address _____
3. Postal Address _____
4. Cell phone no. _____ email _____
5. Name of Sponsor _____
6. Project
 - a. Church plant [☐] Education [☐] Health [☐] Construction [☐] Micro enterprise [☐]
 - b. Other (specify) _____
7. Mode of payment _____
8. I, _____, as a sponsor, agree to work in partnership with CFCM [☐]
Signature _____
Date _____

FOR OFFICE USE ONLY

Date: _____

Signature: _____