



S.A.D. SPONSORSHIP APPLICATION SHEET
A.G.A.P.E. ONLUS - Associazione Genitori Adottivi per l'Estero
Via A. Marracino, 4 - 00166 Roma - tel./fax 06 66180276

First Name (*) _____ Last name (*) _____
e-mail (*) _____ Phone _____
Address (*) _____
ZIP (*) _____ City (*) _____ Country (*) _____
I'd like to receive information about the project I support by e-mail only yes no
I'd like to receive more information about other activities (newsletter) yes no
How did you hear about A.G.A.P.E. : _____
(*) Required field

YEARLY ASSOCIATION SUPPORT FEE (optional) € 10,00

INDIVIDUAL SAD (annual sponsorship)

- | | € | PROJECT CODE |
|--|--------|--------------|
| <input type="radio"/> full sponsorship (code SAD1) | 780,00 | |
| <input type="radio"/> for food, education, clothing and medical care (code SAD4) | 390,00 | |
| <input type="radio"/> for food and education (code SAD3) | 260,00 | |
| <input type="radio"/> for medical care and clothing needs (code SAD2) | 130,00 | |

COLLECTIVE SAD (annual sponsorship)

for support school, foster homes and hospital (code COLL) € PROJECT CODE

OPPORTUNITIES PROJECT (annual sponsorship) (code OPP)

funding secondary or higher education studies (college or professional studies) € 100,00 PROJECT CODE

SAD is a yearly commitment and will be renewed automatically for one more year , if not cancelled.
The sponsorship can be interrupted but you will need to let AGAPE Onlus
You can choose to pay (monthly, quarterly, every six months or yearly) wiring the amounts to:

Account holder: A.G.A.P.E. ONLUS

- IBAN: IT22 F 03083 03204 000000010351 - BIC BLPIIT21
IW BANK PRIVATE INVESTMENT S.p.A. - FILIALE 418 via Vincenzo Bellini, 27
00198 ROMA
- PayPal

A.G.A.P.E. ONLUS Will use the personal information you provide to pursue association aims.
The data will be processed manually and electronically and may be disclosed to third parties for delivery information material.
You can exercise your rights under Art. 7 Decree Law N. 196/2003 about the treatment of personal data.
I Agree term of service. yes no

TO JOIN SAD SPONSORSHIP PROGRAM YOU MUST AGREE TO THE TERMS OF THIS PROGRAM

SIGNED _____ DATE _____