SPONSOR FORM – SCHOOL SPONSORSHIP PROGRAM

Foundation / NGO: _____ Program: Student Sponsorship

Country: _____ Registration date: ____ / ____ /

1. SPONSOR PERSONAL INFORMATION

- Full name: _____
- ID / Passport number: _____
- Date of birth: ____ / ____ / _____
- Nationality: _____
- Profession: _____
- Company (optional): _____

2. CONTACT DETAILS

- Full address: Street / No. / Apt: _____ Postal Code: _____ City: _____ State/Province: _____ Country: _____
- Primary phone: _____Secondary phone: _____
- Email: _____

3. SPONSORSHIP MODALITY

- I wish to participate as:

  □ Individual sponsor

  □ Company / partner organization

- Contribution frequency:

  □ Monthly

  □ Quarterly

  □ Semi-annual

  □ Annual

  □ One-time donation

- Contribution amount: _____ €
- Start date: ____ / ____ / _____ Estimated duration (if applicable): _____

SPONSOR FORM – SCHOOL SPONSORSHIP PROGRAM

_____

_____

4. SPONSORSHIP PREFERENCES (OPTIONAL)

□ No preference

□ Primary school student

□ Secondary school student

□ Student with special educational needs

Motivation for participating:

_____

_____

_____

_____

5. BANK DETAILS FOR DIRECT DEBIT

- Account holder: _____
- IBAN: _____
- Bank name: _____

I authorize the Foundation to charge recurring payments according to the selected contribution frequency.

Signature: _____ Date: ____/_____/_____

6. COMMUNICATION AND FOLLOW-UP

- I would like to receive updates about the sponsored student:

□ Quarterly reports

□ Semi-annual reports

□ Annual report only

- Preferred communication channels:

□ Email □ WhatsApp □ Phone □ Postal mail

7. DATA PROTECTION AND CONSENT

In accordance with Regulation (EU) 2016/679 (GDPR) and applicable data protection laws, the Foundation informs that the personal data provided will be processed for the purpose of managing the sponsorship program, communications, tax certification, and educational follow-up of the beneficiary student.

Data controller: _____

You may exercise your rights of access, rectification, erasure, objection and restriction by written request to: _____

□ I have read and accept the privacy policy □ I authorize receiving information about the Foundation's projects □ I authorize the use of my name in public acknowledgments (annual report, website, etc.)

Signature: _____ Date:____ /_____/_____

8. DONATION TAX CERTIFICATE

For issuing the annual tax certificate, please indicate:

□ I request a tax certificate

Tax information (if different from personal details):

- Name/Company name: _____
- Tax ID: _____
- Tax address: _____

9. FINAL DECLARATION

I declare that the information provided is accurate and I agree to participate in the Foundation's student sponsorship program.

Full name: _____

Signature: _____ Date:____ /____/____