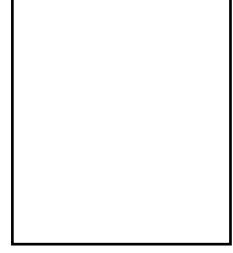


Issue Date: _____



ORPHAN SPONSORSHIP FORM

Monthly: PKR 7,500 BI ANNUALLY: PKR 45,000 Annually: PKR 90,000

Mr. Mrs. Miss Name: _____ Sure Name: _____

OR Name of Company: _____

Street Address: _____

City: _____ Email: _____

Landline: _____ Mobile: _____

Date: _____ Signature: _____

ORPHAN CHILD INFORMATION

Child Full Name: _____

Address: _____

Gender: _____ Age: _____ Nationality: _____

Date of Birth: ____ / ____ / ____ No of Siblings: _____

Health Status: _____

Student of Class: _____ School: _____

Date: _____ Signature: _____

SEND CONFIRMATION ON 0092-3103666687/ 0092-3005127768