



## SPONSORSHIP FORM

To be returned **by email** to [alefs@sfr.fr](mailto:alefs@sfr.fr)

or **by post** to **ALEFS, c/o Elisabeth Gaisne, Secretary, 23 rue Bonaparte, 44000 Nantes, France**

*I undersigned, Family name.....First name.....*

*Date & place of birth.....Nationality.....*

*Profession.....*

*Address.....*

*Email.....*

*Telephone: Home.....Mobile.....Other (Specify).....*

*Wish to sponsor a child with ALEFS and adhere to the ALEFS sponsorship charter<sup>1</sup>*

*I'm already a member of the Association*

*I would like to join the Association<sup>2</sup> as*  *An Active Member (25 Euros/year)*

*A Benefactor (from 50 Euros/year)*

### **CHOICE of CHILD:**

*I choose a child presented on the website. The child's name is: .....*

*I ask ALEFS to choose for me and express a preference for:*

*A boy*       *A girl*       *Any*

*A child (4 to 12 years)*       *An adolescent (more than 13 years)*

### **CONTACT WITH THE SPONSORED CHILD:**

*I wish to be an "anonymous sponsor" (with regard to the child and the child's family)*

*I wish to be a "named sponsor" and would like to correspond with the child and the member of the team following his or her case: (about four times a year)*

*By telephone*

*By email*

*By post*

<sup>1</sup> Can be consulted on the website and downloaded.

<sup>2</sup> Signing the charter is necessary to become a sponsor. Fill out the enrolment form, downloadable from the website.

- I agree that my full name be passed on to the child that I sponsor (address and telephone withheld)
- I accept that my first name be used as that of a sponsor on the Association's website, together with that of the sponsored child
- I accept that my photo may appear on the Association's website

**Means of payment:**

- I will send my contribution at the beginning of 30 euros each month for 12 months and I enclose a first cheque for.....Euros payable to "ALEFS", at the address below
- I authorise a bank transfer of ..... Euros
  - Beginning of each month, 12 times a year
  - 4 times a year (September, December, March, June)
- I confirm I have been informed that payments made during the summer months are used to buy school clothes for the new school year (including sportswear), to fund summer classes or activities and that any remainder is paid over to the Association's fund for community work.

**For bank transfers : details to be given to your bank**

|  |                               |
|--|-------------------------------|
| <b>Bank account details :</b>            |                               |
| Banque Guichet N° compte                 | Clé Devise Domiciliation      |
| <b>15489 04811 00080292001 69</b>        | <b>EUR CCM LE MANS CENTRE</b> |
| Or                                       |                               |
| <b>IBAN</b>                              | <b>BIC/SWIFT Code</b>         |
| <b>FR76 1548 9048 1100 0802 9200 169</b> | <b>CMCIFR2A</b>               |

**For payment by cheque, payable to ALEFS:**

Elisabeth Gaisne, Secretary, 23 rue Bonaparte – 44000 NANTES, FRANCE

- I wish to receive a tax receipt
  - By email
  - By post
- I wish to speak to a representative on this telephone number : .....

Place ..... Date .....

**Signature:**