

The Dreams in A F R I C A *Foundation*

Adoption registration form

Korhoenderveld 44 o 5431 HH Cuijk o The Netherlands o Tel.: 0031485-321193 o
info@dreamsinafrica.org o www.dreamsinafrica.org o CoC 50872060 o Bank 455413401

YES, I/ We* would like to financially support a child in the age of 0- 12 / 12- 21 years* from
"Friends Children's Home and Orphanage" in Southeast Ghana. In this case I/we* transfer
every month starting from(date)

an amount of € or \$ 20,- / € or \$ 50,- / € or \$ (to fill in yourself) to:

The Dreams in Africa Foundation

Account No.: 455413401

IBAN: NL93ABNA0455413401

BIC/Swift code: ABNANL2A

Stating; Adoption program Ghana

Name:

Address:

P.O. Box: Town/Village:

Phone:

E-mail address:

May you want to end the financial support of your adopted child(ren), then please let us know
2 months in advance in writing.

Date: Place:

Signature:

Send or email the original of this paper to the address on top.

* *cross out what is not applicable*