

THE DECLARATION OF PARTICIPATION

In the Adoption of the Heart** of a Blind Child from the Institute in Kibeho – Rwanda

**The Adoption of the Heart initiative involves a commitment from the benefactor to finance the education and living conditions of a specific blind or low-vision child from the Educational Institute in Kibeho. It is a yearlong commitment with the possibility of extending the agreement. The Rwandan school year beings between the months of January and February.

Name and Surname

Address

City State Zip Code

Date of Birth

Phone Number..... E-mail

I, whose signature is given below, commit to covering the costs for the child's education and living expenses at the Institute for one year, with the possibility of extending the agreement.

Total expenses for a yearlong adoption amounts to 1.800 zl (480 USD)

You may proceed with your payment in one of the following ways:

- Pay the total at once
- Pay once per quarter
- Pay once per month

***We understand that our estimated total expense may exceed your financial abilities to support the child. Please declare the amount that you are able to donate:

**I declare to pay each month, beginning from
(insert the date of your first payment)**

When making your donation please include a note with your **NAME, SURNAME** and **"RWANDA"**.

In case you wish to withdraw from the Adoption of the Heart before the end of the declared year, please contact eibc.kibeho@gmail.com.

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Location and Date

.....

Signature

TO BE FILLED OUT BY THE INSTITUTE:

Name and Surname of the child

Sex (select one): Male or Female

Date of Birth: