



Mediterranean Foundation

for the survival of African Migrants

MOTTO: TOGETHER WE CAN

DONATION/SPONSORSHIP FORM

Full Name: _____
(Business, Organization or Individual)

Contact Person Address _____

Mailing Address _____

City _____ State / Province _____

Postal / Zip Code _____

E-mail _____

Phone Number _____

Sponsor's mode of payment

| | |
|--------------------------|--------|
| <input type="checkbox"/> | NAIRA |
| <input type="checkbox"/> | EUR |
| <input type="checkbox"/> | DOLLAR |
| <input type="checkbox"/> | POUNDS |

Payment Method:

| | |
|-----------------------------------|---|
| <input type="checkbox"/> Cash | <input type="checkbox"/> Cheque |
| <input type="checkbox"/> Transfer | <input type="checkbox"/> Master/Visa Card |

Period:-

| | | | |
|----------------------------------|------------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Yearly | <input type="checkbox"/> Others |
|----------------------------------|------------------------------------|---------------------------------|---------------------------------|

OUR ACCOUNT DETAILS:

NAME: Mediterranean Foundation For The Survival Of African Migrants

BANK: UNION BANK

0178139091 NAIRA ACCOUNT

0178203077 EUR ACCOUNT

0178203091 DOLLAR ACCOUNT

0178205497 POUNDS ACCOUNT

signature /Date