

**REGISTRATION FORM TO SUPPORT
TWIGAS'HOUSE**



TWIGAS' HOUSE

SURNAME :

NAME :

ADDRESS :

POSTAL CODE/CITY :

COUNTRY :

EMAIL :

TELEPHONE N°:

JE WISH :

1. BECOME A TWIGA'MAMA/TWIGA'PAPA - SUPPORT A CHILD AT THE ORPHANAGE TO GUARANTEE HIM/HER ACCESS TO EDUCATION, HEALTH CARE, HEALTHY FOOD AND DRINKING WATER.

AMOUNT PER YEAR: CHF 600

FOR : 3 YEARS OR 5 YEARS

- 2. BECOME A TWIGA'SISTA/TWIGA'BRO - SUPPORT THE VIABILITY OF THE ORPHANAGE, INCLUDING THE SALARIES OF THE EMPLOYEES AND OTHER ANNUAL FEES

AMOUNT PER YEAR : CHF 250

FOR : 3 YEARS OR 5 YEARS

- 3. TWIGA'FRIEND - FREELY SUPPORT TWIGAS'HOUSE AND/OR SPECIFIC ACTIVITIES AT THE ORPHANAGE

FOR 1 AND 2, I UNDERTAKE TO PAY THIS AMOUNT NO LATER THAN DECEMBER 15, 2020 FOR THE YEAR 2021.

FOR 3, I MAKE A DONATION OF THE AMOUNT OF MY CHOICE AND/OR CONTACT SANDRINE AND LARA TO DISCUSS SUPPORT FOR A PARTICULAR PROJECT.

Bank Information and Contact

THANK YOU

TWIGAS'HOUSE

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