



Villa Ticca Donation Form

Please select the option below that you wish to contribute:

I authorize foundation Niños de Waita Ticca to deduct €70 per month. This contribution will support the place of one child , allowing Villa Ticca to provide healthy meals, education and health care.

The name of the specific child I want to sponsor is: (optional)

.....

I authorize foundation Niños de Waita Ticca to deduct €35 per month. This contribution will support one specific package for one of the children of Villa Ticca, I choose the following package:

Food! All meals for one child in Villa Ticca including breakfast, healthy snack and lunch.

Or

Facilities! Salaries ,insurance and training for our employees and maintenance of our building.

I authorize foundation Niños de Waita Ticca to deduct the following amount per month.

- €10
- €20
- €30
- €.....per month

I wish to contribute a once off amount of €.....

Name:

Address:

Post Code:

City:

Country:

E-mail:

Telephone:

Account Number:

Bank:

Account Name:

Signature:

Date:

