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**Kawempe Home Care Donation Form**

***(To complete this form please “ save” it in your documents file and then complete the information and again ”save” it and post or email it to*** ***sguma@kawempehomecare.org***

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| **Last Name:**  | Click here to enter text. |
| **First Name:**  | Click here to enter text. |
| **Organisation:** **(if applicable)** | Click here to enter text. |
| **Address:** | Click here to enter text. |
| **City/ Town:** | Click here to enter text. | **State/ Provence** Click here to enter text. |
| **Postcode/ Zip code**  |   Click here to enter text. **Country:** Click here to enter text.  |
| **Email Address:** | Click here to enter text. |

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| **Payment Method:** [ ]  International Money Order [ ]  Bank Cheque [ ]  Bank TransferI would like my donation to be used for:[ ] Kawempe Home Care – New Home [ ]  Other Click here to enter text. |
|  **Currency:** Click here to enter text. **Amount Donated:** Click here to enter text.**SIGNATURE: DATE:** Click here to enter text.

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| **Kawempe Home Care Bank Details:****Name of Bank:** DFCU Bank Uganda LimitedSwift Code: DFCUUGKA Branch: DFCU Towers**Address of Bank:**Plot 26, Kyadondo RoadNakasero. Uganda.**Mail address:** P.O. Box 70, Kampala Uganda**Account Number: 02173573407082****Beneficiary Name: Kawempe Home Care**P.O.Box 337 Kampala, Uganda **Street Address:** Erisa Zone, Kyebando, along Gayaza Road, Kawempe Division, Kampala, Uganda. | **Bank Cheque /Money Order:** **Payee: Kawempe Home Care** **Send registered mail to**: Kawempe Home CareP.O. Box 337 Kampala, Uganda  |

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