



Outreach Moldova

According to the UN declaration of Human Rights, ALL children, no matter what their circumstance or condition, have a right to education.

By taking part in our "Hold Her Hand" campaign you will ensure that a child in the orphanage will receive her basic human rights and a fighting chance for her future.

Can you imagine the world that will open up to these children who have had literally nothing to occupy their time?

Daily routines of rocking to and fro can be replaced by care and attention and developing the child's mind.

Education provides the key to these girls' future and one of our biggest child care programmes will focus on education. There will be all levels of education. These children need to be taught everything from academic skills to life skills to ensure they have a future in their community.



Hold Her Hand

OUTREACH MOLDOVA HOLD HER HAND CAMPAIGN

Your sponsorship will provide the following:

- All educational materials
- Her own birthday programme
- Personal Christmas presents
- Supervised visits to the Zoo and other Children's attractions

If you wish to sponsor one or more of these girls in the orphanage please fill this form in BLOCK CAPITALS and return to us to the address at the bottom of the page.

PERSONAL DETAILS:

Name: _____

Address: _____

Contact Tel.: _____

E-mail Address: _____

PAYMENT OPTIONS (please circle one option)

- 1) Standing order monthly/annual: please complete the form on the right for the bank and return to us to the address below
- 2) Credit card (online in our website: www.outreach-moldova.org click on "make a donation" and complete the form quoting "HHH" in a reference field
- 3) Cheque payment, payable to Outreach Moldova. Return the cheque with this form completed with your details.

Request for Standing Order

To : The Manager

Bank Name: _____

Bank Address: _____

You are authorised to set up a standing order on my/our account as specified below. My/our account will at all times contain sufficient funds to enable each payment to be effected on the due date.

My name: _____

My address: _____

My email: _____

My contact Tel: _____

Please charge my account:

A/C number: _____

Sort code: _____

Name of Account: _____

And Pay To:

Name of Account: **OUTREACH MOLDOVA**

Bank: **BANK OF IRELAND**

Branch: **TRINITY**

NSC: **90 00 17**

A/C Number: **95 48 90 71**

The Amount of (please tick):

a) €150 /child/year

b) €15/child/month

c) Other amount €

Commencing with first payment on (dd/mm/yyyy) :

Signature: _____

Date: _____

Ref: HHH _____
(to be completed by Outreach Moldova)

