



## **SOKOTO STATE CONTRIBUTORY HEALTHCARE MANAGEMENT AGENCY (SOICHEMA)**

### **COMMUNITY SPONSORSHIP**

#### SUPPORTER FORM

Your support will improve lives of people living in poverty and give them the opportunity to live a healthy life.

Website:

Supporter care no:

Email:

My Contact Information

Surname

First name

Gender

Address

State

Country

Phone

Email

Type of payment

Point of sale Terminal

Online

Cash ( Please request for receipt for all cash payments)

Cheque

Date paid

Communication method

Email

Phone

Email & phone

For each month, I will like to sponsor a community with

2000, 3000, 5000, 10000 others

For the duaration of

6 month, 1 year, 2 years, others

Donation can be made to Equity Fund Sokoto State Contributory healthcare Agency

Account

Date

Signature