



Donation Request Form

General Information

Name of the Organization/Company: _____

Name of Representative: _____

Email: _____

Phone: _____

Address: _____

Website (if applicable): _____

Type of Contribution

Please check the type of contribution you wish to make:

- Donation
- Sponsor
- Patronage

Amount or Nature of the Contribution: _____

Expected Date of Contribution: _____



+6584612743



contact@inspire-sport.com



Sector to be Supported

Indicate the sectors you wish to support:

- Administrative and visa fees
- Medical care for women and children
- Access to food
- Registration fees and school supplies
- Drinking water projects
- Orphan assistance
- Educational and cultural travel
- Fight against sports doping, alcohol, tobacco, violence and all kinds of drugs
- Support for violence against women in sport

Motivation of the Gift

Please briefly describe the reasons for your support:



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Payment Methods

Please select your preferred payment method:

- Bank Transfer
 - o IBAN: _____
 - o BIC: _____
- Cheque
 - o Wording in the order of: _____
- Online Payment
 - o Secure payment link: [we will provide you with it if necessary]
- Other (please specify): _____

Commitment

I am committed to supporting the initiatives of Inspire Sport Consulting and understand that my contribution will help transform the lives of many vulnerable people.



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Thank you for your support!

For any questions, please contact us at:

contact@inspire-sport.com

Date: _____

Signature: _____

Mention: Read and approved, makes the point



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