



Sakila Sponsorship Program

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DONATION AGREEMENT

*I/we hereby donate _____ to the Sakila Sponsorship Program.

I/we understand that donations may not *always* be used for a specific intent, and that S.S.P. reserves the right to use this donation in a way that best benefits the Children of Sakila when or if the originally intended use is somehow made obsolete or irrelevant by unforeseen events.

*It is our intention, and request, that these funds be used in the following manner:

*Donor(s): _____ (PLEASE PRINT)

*Signature(s): _____

*Date: _____

----- OFFICE USE ONLY BELOW THIS LINE -----

Accepted By: _____

Title: _____

Board Acceptance: _____

Date: _____

*When you have completed the portions of this form marked with an asterisk, and If you are filling out this form while not in the presence of an S.S.P. representative, then please fax it to 360-876-3737.