

Aid Request
from the Non-Profit association
VARVARA-future for children e.V.

I/We,

_____ (Name, First Name)

resident in

country

**am/are
the legal representative of**

_____ (Name, first name and date of birth of the child)

with diagnosis

_____ (Diagnosis of the child)

My/our contact details

_____ (telephone number with country code, as well as the e-mail address)

**ask the non-profit association VARAVARA - future for Children e. V.
for support**

_____ (please fill in here which support is needed exactly)

I/We have attached the following documents to the application:

- Birth certificate of the child, its legal representative or other document confirming the rights of the child to legal representation by the beneficiary (color copy)
- Passport (ID card) of the beneficiary (color copy) - with full name and address
- Invoice/estimate from the clinic for the medication/medical prescription for rehabilitation/medical prescription for the purchase of technical equipment and life support (color copy)
- Medical certificate confirming the diagnosis of the disease for the treatment of which the association is raising funds (copy)
- Epicrisis from the medical file (copy)

-Page 1 from 2-

Details of fundraising campaign

We are running an appeal for donations on Instagram Facebook VK

If you have started a fundraising appeal in your own local language, please enter your official **account name** here:

Required sum: _____

Already collected: _____

Are you already supported by
an aid association? (Including outside of Germany) YES NO

Do you have a German or European Instagram site? YES NO

German Instagram site: _____

European Instagram site: _____

Details of the volunteer in Germany/Europe who may represent us

(an authorization is made when signing the contract)

Name: _____

Phone: _____

Place, date

Signature of legal representative

Signature of legal representative

-Page 2 from 2-