

The Ebere Ijere foundation (EIF): the hand that gives, was created to help orphans and the needy. Also into continuing the legacy of my late father Prof Martin Ijere who wrote several books and had a passion towards developing and improving lives of the rural and poor people. Please become part of us in this mission towards improving and blessing the lives of others by **donating** generously through our website, www.ebereijerfoundation.com

For our good Lord created us to love Him and to love others. Bless you loads.

-Eby



Visitation to SOS children's schools



Proposed site for EIF Orphanage



Donations from Switzerland

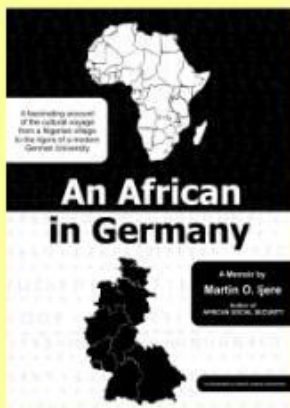


the
Ebere Ijere
foundation

...the hand that gives



Asis/EIF fund raising dinner in Switzerland



Prof Ijere's books to be republished



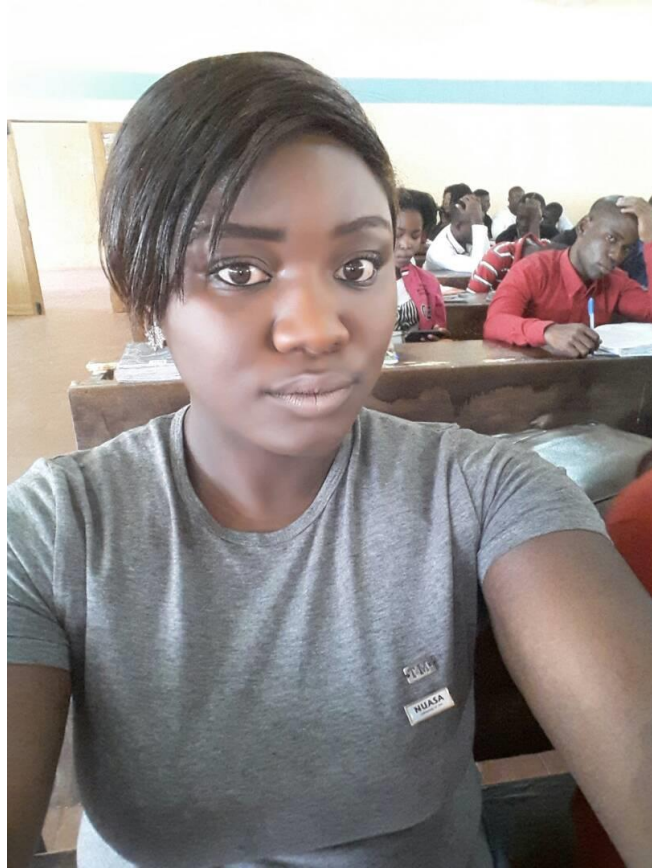
Prof. Martin O. Ijere



UNSS classroom renovation

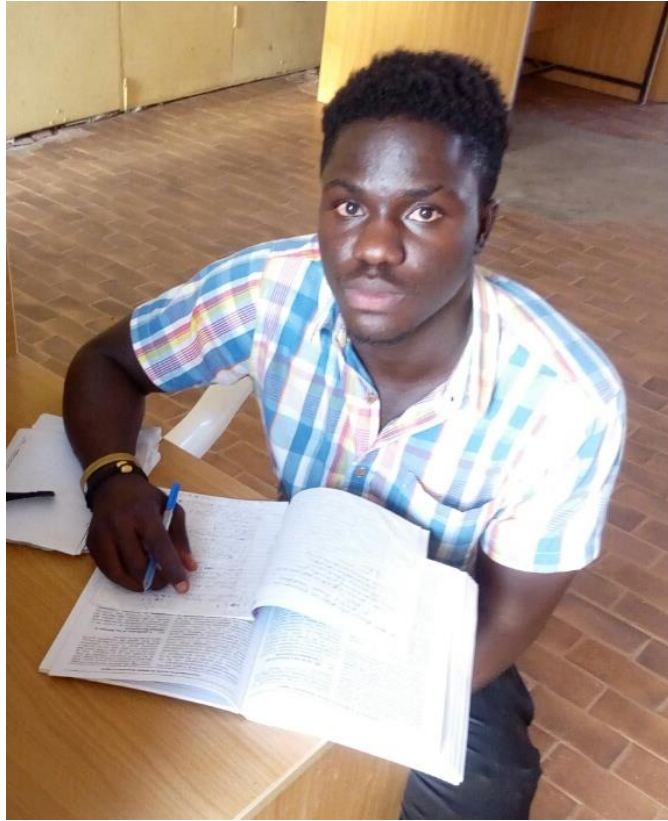


UNSS class of '92



My name is Hadiza Umoru Ojochide
I am originally from Kogi state
I am based in Jos Plateau state to be precise.
I am 25 years old,
Studying Accounting 300 level at the University of Jos, Plateau state Nigeria.
I will love to run a Masters Degree (MSc) after then.
I also love entrepreneurship and want to own a business of my own. Thank you

Ebere Ijere Foundation. Stanbic Bank plc
002368831. Corporate account
Gomwalk Ebere Joyce Doris
Postfinance SA, Mingerstrasse 20
3030 Bern Switzerland
Iban number CH57 0900 0000 1225 8025 1
BIC:POFICHBEXX



My Name is Arome Umoru Ibrahim.
I am from Kogi State Nigeria by Origin, Based at Plateau State Nigeria.
I Am 21 Years old.
Studying, Actuarial Science 400level, At University of Jos, Plateau State, Nigeria
I'll love to run a Masters degree(MSc) in Actuarial Science there after....

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Elizabeth Dakwo Umoru
From; Plateau State
Studying; Animal husbandry
D.O.B: 30th Nov 1976
College of Agriculture Garkawa , Mikang
Local Government Area of Plateau State

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GUARDIAN CONSENT FORM

NAME OF CHILD [herein referred to as child]

FIRST NAME

LAST NAME

NAME OF TEAM; -----

I do hereby acknowledge, consent and agree to all of the following terms and conditions.

- I declare and represent that I am the guardian of the above listed child.
- I declare that the child under me is sane and in agreement with the aim of this consent details.
- I fully grant the mentioned above team to use his name to source for funds that will therein help in meeting his surgical medication.
- I declare that I will not in any way tamper with the affairs of the said team in helping source for funds but I will instead help them in anyway when called upon.
- I declare that I'm in the right state of mind as I go through and sign this consent.
- I acknowledge that the aim of the team is to help the child under my care with no other exterior motive involved.
- I declare that signing this form, I am agreeing to and giving permission to the team to proceed with the fund sourcing from this date of -----
- I hereby attest that the child's name appearance in this form is valid and I have read all the points in the form and agreed to them.

Signature of parent/guardian

Name of parent/guardian

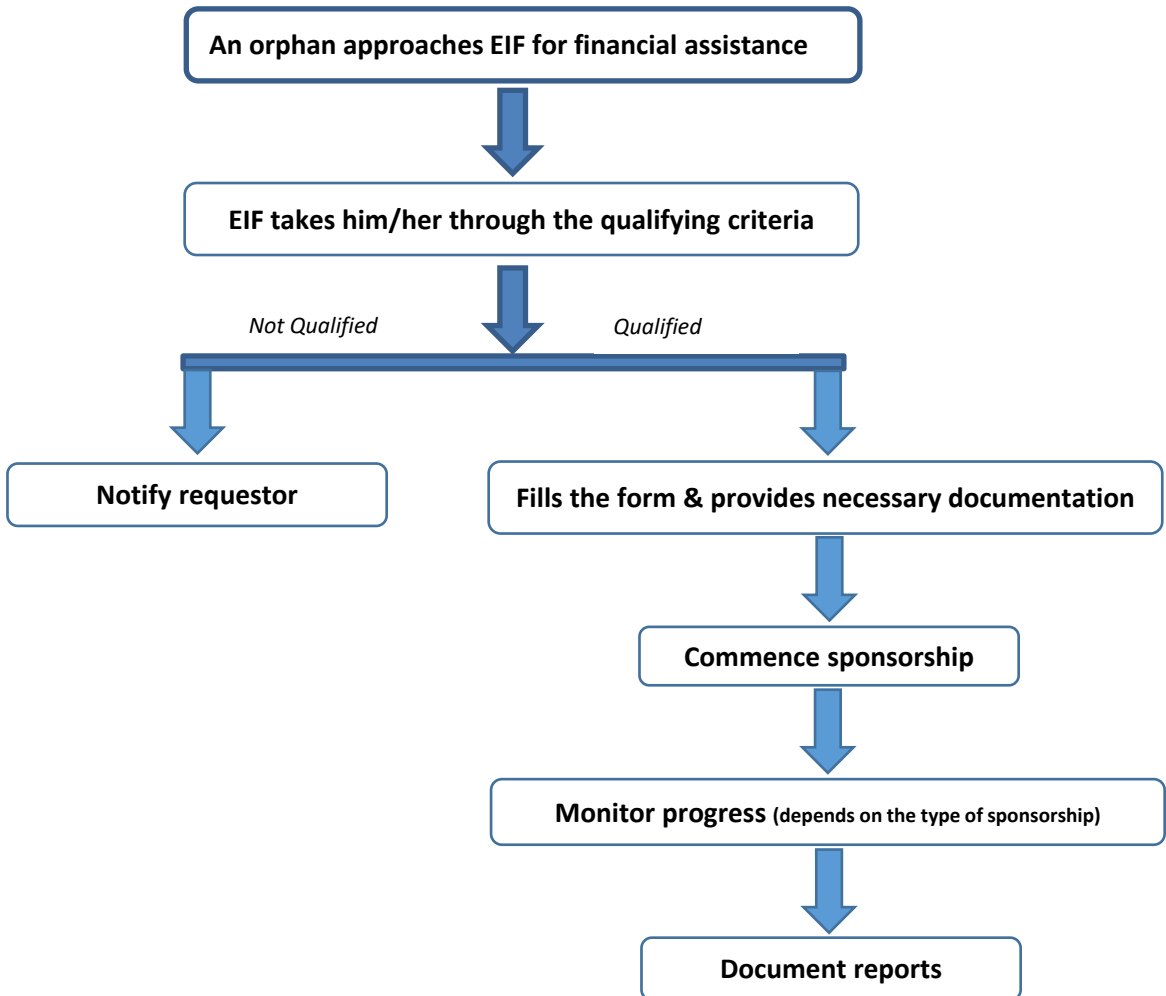
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Relationship to child

Date signed



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PROCESS FLOW FOR QUALIFICATION FOR ASSISTANCE





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SPONSORSHIP FORM

1. Personal Information

- Name: -----
- Country of residence: -----
- Street Address: -----
- City/Town: -----
- Email address: -----
- Phone Number: -----

2. Donation details (please tick relevant answer)

- Name of child you want to sponsor: -----
- Reason for sponsoring this child? _____
- Donation made by:
Individual Business
- Amount (\$): -----
- Duration: Weekly Monthly Quarterly Yearly
- Mode of payment:
Credit Card Bank transfer

3. Card details

- Card Type:
- Card name:
- Expiry date
- Signature: