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**Myanmar Project**

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( EIN 47-2687230 )

**Generosity Pledge Form**  
**Sponsor an Orphan**  
**Becoming a Lifetime Hero**

**Personal Information:**

- Lifetime Hero Name: \_\_\_\_\_ Age: \_\_\_\_\_
- Home Address: \_\_\_\_\_ Country: \_\_\_\_\_
- Contact (phone): \_\_\_\_\_ (email) \_\_\_\_\_
- Educational Level:  High School  Vocational Certificate  Masters  
 A.A Degree  Four Year College  Ph.D.

**Background Information:**

(a) If employed, please provide: Affiliation Name: _____ Title: _____	(b) If student, please provide: School Name: _____ Grade/Grad Yr: _____	(c) If unemployed or retired, please provide: Former employer: _____ Years in Service: _____
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Below is a questionnaire for individuals and philanthropists interested in sponsoring orphans whose financial support is crucial for building dreams, delivering social impacts, and saving lives for needy children. These people who champion this extra step are our lifetime heroes of givers with no expectations in return. The responses below will help assess their trust and confidence in our program to deliver a worthy cause to make positive contributions.

**1. Donation Preferences:**

- Do you prefer to sponsor an orphan individually or as part of a group?
- How much are you willing to donate annually for the sponsorship?
- Do you prefer to make a one-time donation or commit to a lifetime sponsorship?
- Are you interested in sponsoring a specific orphan (if available)?
- Are there any specific criteria for the orphan you want to sponsor (e.g., age, gender, location)?
- Would you like to receive regular updates on the orphan's progress?

**2. Trust and Accountability:**

- What factors would make you trust our foundation with your donations?

- Are you interested in receiving audits of our foundation?
- How would you like to track the impact of your contributions?

### 3. Communication Preferences:

- How would you like to be contacted (email, phone, mail)?
- Are you open to participating in foundation events or meetings?

### 4. Tax and Legal Considerations:

- Are you interested in potential tax benefits or deductions for your donations?
- Would you like assistance with legal documentation related to your donation?

### 5. Feedback and Suggestions:

- Do you have any specific suggestions or expectations regarding the sponsorship program for our foundation?
- How can we improve our communication and transparency with donors?

### 6. Emergency Contact:

- Provide the name and contact information of an emergency contact person.

### 7. Privacy and Consent:

- Do you consent to our foundation using your name (with permission) in promotional materials to inspire other donors?
- Do you agree to abide by the foundation's privacy policy and terms of service?

### 8. Additional Comments:

- Is there anything else you want to share or inquire about the Lifetime Hero for an Orphan Sponsorship program?

### 9. Others:

✓ How did you hear about our organization and the opportunity to become a hero for the global cause (check one:)

- |  |                                       |                                 |
|--|---------------------------------------|---------------------------------|
| o <input type="checkbox"/> Friend      | <input type="checkbox"/> Website      | <input type="checkbox"/> School |
| o <input type="checkbox"/> Local Event | <input type="checkbox"/> Social Media | <input type="checkbox"/> Others |

✓ If your contributions are lifetime monthly recurring donations, do you have any specific lifetime contributions you want to donate?

- |                                    |                                 |   |                                      |  |
|------------------------------------|---------------------------------|---|--------------------------------------|--|
| <input type="checkbox"/> food      | <input type="checkbox"/> health | <input type="checkbox"/> sustainability   | <input type="checkbox"/> clean water | <input type="checkbox"/> emergency reliefs |
| <input type="checkbox"/> education | <input type="checkbox"/> social | <input type="checkbox"/> social wellbeing | <input type="checkbox"/> eLearning   | <input type="checkbox"/> others (explain)  |

✓ Check all spaces below that motivated you to become a lifetime hero for the orphan empowerment cause.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Passion for a Cause          | <input type="checkbox"/> Supporting a loved One.        | <input type="checkbox"/> Strong sense of Altruism |
| <input type="checkbox"/> Giving Back to the Community | <input type="checkbox"/> Active Retirement              | <input type="checkbox"/> Enhancing Mental Health  |
| <input type="checkbox"/> Influence and Advocacy       | <input type="checkbox"/> Religious or Spiritual Beliefs | <input type="checkbox"/> Awareness and Education  |
| <input type="checkbox"/> Social Connections           | <input type="checkbox"/> Teaching and Mentoring         | <input type="checkbox"/> Civic Engagement         |
| <input type="checkbox"/> Enjoyment and Fun            | <input type="checkbox"/> Gratitude of giving back       | <input type="checkbox"/> Philanthropic Goals      |

*The information provided in the above generosity pledge form is true and accurate. I accept the Terms and Conditions and Privacy Data Collection Policy. I acknowledge that the relevant committees will only use the information for evaluation. I will provide any character reference upon request and after the initial assessment.*

Consent and Acknowledgment by Submitter:

Reg. Form Rev.1 2023

Name: \_\_\_\_\_ I.D. # \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Viber #: \_\_\_\_\_

