



Classroom Sponsor Supplies

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone – Day: _____ Evening: _____

Email: _____

How did you learn about the sponsorship program:

Please Print Name here: _____

Tell us something about your group, your family or yourself :

Please send classroom items by USPS mail to

Mr. John Kalule
Engeye Clinic, registered NGO
PO Box 26592
Kampala, Uganda

Please include a picture of yourself or group and a personal note if you would like.