

## CandleAid Lanka

21/4, Dharmaratne Avenue, Rawathawatte, Moratuwa, Sri Lanka  
Tel/Fax. + 94-11-2642526 Email: [head\\_health@candleaid.org](mailto:head_health@candleaid.org) Website : [www.candleaid.org](http://www.candleaid.org)

### CANCER PATIENT PROGRAMME - SPONSOR DETAIL FORM

**Name of Sponsor**

Mr/Mrs/Ms: .....

Address: .....

Telephone No.: .....

E-mail Address: ..... CandleAid Branch (if any).....

Nature of Remittance:  Credit Card  Draft  Cheque  Standing Order  TT  Other (Cash)

If other, please give details:

Frequency of Remittance:  Quarterly  Bi-Annually  Annually

.....  
Signature of Sponsor

.....  
Date

**Notes:**

1. The sponsorship is LKR 24,000 per year + 10% admin fee = Rs. 26,400. Sponsors donating in foreign currencies are kindly requested to remit the equivalent.
2. Balances arising out of favourable foreign currency conversions are channelled to the Cancer General Fund to be used for other related purposes Within the Cancer Programme or carried forward to the next renewal year to the credit of the sponsor.
3. **The period of sponsorship is expected to be for at least one year.** Remittances can be made in any of the following ways:
  - a) **By Visa or Master Card:** Please visit our website [www.candleaid.org](http://www.candleaid.org) and select HOW TO HELP and then select MAKE AN ONLINE DONATION. Please add 3.2% to cover the card issuer's commission.
  - b) **By Cheque:** Drawn in favour of "CandleAid Lanka" and mailed to: CandleAid Lanka, 21/4 Dharmaratne Avenue, Rawathawatte, Moratuwa, Sri Lanka.
  - c) **By Direct credit:** To either of the following accounts:

A/c Name: "CandleAid Lanka"  
Bank: Hatton National Bank Moratuwa Branch  
Swift Code (BSB): HBLILKLX  
Account No.: 022010223682 (Sri Lanka Rupee)

A/c Name: "CandleAid Lanka"  
Bank: Nations Trust Bank Moratuwa Branch  
Swift code (BSB): NTBCLKLX  
Account No.: 014100008377 (Sri Lanka Rupee)

To facilitate identification of your remittance, please instruct the Bank to quote your name as reference.

Please ensure that you inform us (Mr. Sunil Warnakulasuriya) of the remittance by email [head\\_health@candleaid.org](mailto:head_health@candleaid.org) for purposes of identification and receipting. Donations could also be made through CandleAid representatives.

3. Sponsors are kindly expected to bear any additional costs of remittance.

***"It is better by far to light a solitary candle than to curse the darkness"***