

FRIENDSHIP FORM

“Put life into their days, not just days into their life”

NAIROBI HOSPICE

P. O. Box 74818, 00200

Nairobi, Kenya.

Tel: 0732 690 077

Email: info@nairobihospice.or.ke

Website: www.nairobihospice.or.ke



I (We) make this contribution to Hospice as : Individual(s) or Corporate

Payment plan: Monthly Quarterly Yearly Amount Ksh

Minimum 1,000/- yearly

Member information (BLOCK LETTERS)

Name:.....

Address:.....

Tel:.....

Email:.....

Mpesa:
Paybill No: 982650
Account : FOH

Cheques payable to
Nairobi Hospice
NCBA Bank
YAYA CENTRE BRANCH,
Account No. 8109630015

Your support will go towards the following areas;

- 1. Cost of purchase of medication for needy patients**
- 2. Cost of transport for home visits**
- 3. Weekly group therapy sessions at Nairobi Hospice**
- 4. Community outreach programs in Korogocho and Kawangware areas**

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t@nairobihospice