



Amman Imman WATER IS LIFE

Bringing water and hope to those who have none

www.ammanimman.org

WELLS OF LOVE

Registration form

REGISTRATION TYPE (PLEASE CHECK ONE)

School Individual Community/Faith-based Group Other (please specify) _____

Name of School/Individual/Group _____

CONTACT INFORMATION

Address _____ _____
City _____
State _____ Zip/Postal code _____
Country _____

Email _____
Phone _____
Website _____

Name of Primary Contact Person _____ Phone number _____
Email _____ What is the best way to reach you? _____

PHILANTHROPIC CAMPAIGN STRATEGIES

Age(s) of participants _____ Total # of participants _____

Speaker Presentations (possible fee involved)

I would like to invite an *Amman Imman* or Wells of Love representative to speak to my community.

Individual Project Goals (include description of fundraising activity, date of activity, financial objective)

Collaborative Project Goals

We encourage all Wells of Love schools/groups/individuals to engage in our WOL Collaborative Projects. Please indicate the project you are interested in working on and we will send you more information. You can sign up for additional projects at a later time as well.

- Hand in Hand (annual Fall campaign, making creative handicrafts)
- Amman-athon (ideal for ages 6 through 9, incorporating athletics, math and philanthropy)
- A Walk For Water (annual Spring campaign, collecting sponsorship funds)
- Friendship Exchange (cross-cultural, based on trip to Niger, application and fee will be required)

Stay in Touch

Please keep me updated on *Amman Imman* and Wells of Love activities by subscribing me to your newsletter.

Media Release Statement

Amman Imman: Water is Life and Wells of Love have my permission to use my image in photos and videos in their marketing, fundraising and educational materials.

Name _____ Signature (parent or guardian if under age 18) _____