



مركز الابتكار للتعليم ش

Creative Learning Center

PO Box 1364 PC 130 Al-Athabia Phone: 95307344 Website: www.clc-oman.com

Name of Student: _____

Full Name of Sponsor:		
Address:		
Email address:		GSM:
Contact Number:	office	fax

Year amount for the above named Student	_____
Yearly amount parents will be paying	_____
Yearly Amount Sponsors will be paying	_____

<input checked="" type="checkbox"/> <i>Tick how you would like to pay</i>	
<input type="checkbox"/> Yearly	Amount
<input type="checkbox"/> By Term	Amount
<input type="checkbox"/> Monthly	Amount

Method of Payment:

<input checked="" type="checkbox"/> Tick
<input type="checkbox"/> Post dated check
<input type="checkbox"/> Cash to be brought in to the center
<input type="checkbox"/> Direct deposit into CLC account

Authorized Signature Name _____

Signature _____ **Date:** _____

✍ Your monthly donation can make a difference ✍