

# MULTIPURPOSE SUPPORT ASSOCIATION

## Resource Support Form

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Name of Individual Donor or (Partner) Organisation:

Name of Contact Person:

Position:

Country:

City:

Contact Address:

Telephone: (+ interl code)

Email:

Organisation's Website (Optional):

Partnership Identifier (if applicable):

Who do you want to support?

How Often?

Just this once

Every Month

Every Year

What Kind of Support?

Financial

Material

Human Resource

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on the submit button below to submit the form automatically

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## KEY

CHPO: COMMUNITY HEALTH PROMOTION OUTREACH

IPST: INDIVIDUAL PSYCHOSOCIAL THERAPY

IGIS: INDIVIDUAL, GROUPED OR INSTITUTIONAL SUPPORT

FCS: FAMILY AND COMMUNITY SUPPORT

ECICG: EARLY CHILDHOOD INTERVENTION TO CHILDREN IN GENERAL

ECICDD: EARLY CHILDHOOD INTERVENTION TO CHILDREN WITH DEVELOPMENTAL DISABILITIES