



NIGERIAN WOMEN ASSOCIATION OF GEORGIA, INC. USA

P. O. Box 244132, Atlanta, Georgia 30324 (770) 496-4380 www.nwag.org

Celebrating Nineteen Years of Service 2019!

ACCEPTANCE FORM

Name of Orphanage: _____

Director/Manager: _____

Address of Orphanage: _____

Phone #: _____ Email: _____

Owner/Affiliation: _____

Date Opened: Month _____ Day _____ Year _____

Methods of Support: ___ Government (Federal, State, LGA)
 ___ Church e.g.
 ___ Businesses
 ___ Donations from individuals

I have read the eligibility criteria and certify that the above named orphanage meets and/or agrees to abide by all the requirements specified by the Nigerian Women Association of Georgia (NWAG).

Signature _____ Date _____
 Director/Manager

Name of the Witness _____

Signature of Witness _____ Date _____

“Together We Achieve”