

Consent

Please read carefully and feel this form below.

First Name	Last Name
<input type="text"/>	<input type="text"/>
Address	
<input type="text"/>	
Town	
<input type="text"/>	
L.G.A	
<input type="text"/>	
State	
<input type="text"/>	
State	
<input type="text"/>	
Country	
<input type="text"/>	
Zip Code	
<input type="text"/>	
Email	
<input type="text"/>	
Phone Number	
<input type="text"/>	
Father's Name	
<input type="text"/>	
Father's Phone Number	
<input type="text"/>	
Mother's Name	
<input type="text"/>	
Mother's Phone Number	
<input type="text"/>	
Guardian's Name	
<input type="text"/>	
Guardian's Phone Number	
<input type="text"/>	
Date	
<input type="text"/>	

Consent for Data Usage

This form is authorised by Chizora Aids foundations as a legal document for data collection and usage, this consent form should be signed by any individual above 18 years of age. In a situation where the supposed person that should sign the form is under 18 years of age, The parents, guardians, or any relations will sign the form on the persons behalf. Chizora Aids Foundation is a non-governmental organization, and all our activities is centred on charity work,

I hereby provide my consent for the collection, use, and sharing of my personal data to Chizora Aids Foundations for the purposes of supporting charitable activities and enhancing engagement through social media. I understand that my personal data will be handled in accordance with the terms specified in your policy of the Organization, I acknowledge the following: Personal Identification Information: Name, email address, phone number, and address. Fathers name, Mothers Name. Guardians or any relations name. State and LGA and social media handles. I understand that the purpose of collecting this information is to support, run charitable activities.

To manage and facilitate charitable events, campaigns, and Initiatives.

To use Photos, videos, and testimonials provided by me or taken at events I attended.

To inform me about updates, events, and campaigns related to me in the area that the NGO wishes to assist me in their limited charity work.

To share success stories, updates, and content on social media platforms

To gather analysis or valuable information to improve the charity's services and outreach.

To share with service providers for processing donations, managing events, and analysing service use.

share stories, updates, and content to raise awareness and engage the community.

By signing below, I acknowledge that I have read and understood this consent letter and agree to the terms and conditions outlined above.

Sincerely,

Your Signature

Your Name

This consent letter can be customized to meet the specific requirements and policies of the charity organization.

[SUBMIT FORM](#)

[Download the printable consent form.](#)