



Hamisha Loaves Charity

Informed Consent Form for Public Profile and Donation Listing

Purpose:

This consent form is to confirm that you agree to be publicly profiled on our online charity page to receive direct donations via your mobile money number. Your story, photo(s), and contact details (mobile money only) will be published to allow donors to support you directly.

What You Are Agreeing To:

By signing this form, you confirm that:

1. You voluntarily agree to be featured on our charity's website and other communication materials.
2. You consent to the following being collected and published:
 - i. Your full name
 - ii. Your photo(s)
 - iii. A summary of your story or situation
 - iv. Your mobile money number for donations
3. You understand that this information will be publicly accessible.
4. You agree that the mobile money number provided is active and belongs to you or is registered on your behalf for receiving donations.
5. You understand that all donations made will go directly to you, and the charity does not take any commission.

Media Consent:

- ☐ I give permission for my photo(s) and/or video(s) to be taken and used for promotional and fundraising purposes.
- ☐ I do not want my video(s) used (photos and written story are allowed).

Consent Type (Please tick one):

- ☐ I am the person with disability (PWD) and I am giving consent myself.
- ☐ I am a relative or guardian of the person with disability, and I am giving consent on their behalf.

If signing on behalf of someone else:

- Name of the PWD: _____
- Relationship to PWD: _____
- Reason the PWD is not present (if applicable): _____

Your Details (Person Giving Consent):

- Full Name: _____
- ID Number: _____
- Mobile Money Number (to receive donations): _____
- Signature / Thumbprint: _____
- Date: _____

Office Use Only:

- Reference ID: _____
- ID Verified: ☐ Yes ☐ No
- Name Matches Mobile Money: ☐ Yes ☐ No
- Photos Taken: ☐ Yes ☐ No
- Story Summary Collected: ☐ Yes ☐ No
- Consent Explained Clearly: ☐ Yes ☐ No
- Verified By (Staff Name & Signature): _____
- Date: _____

Note: You may request removal or edits to your public profile at any time by contacting our office. Thank you for your trust.