




Lionsgate Foundation

(083) 777 0663 

info@lionsgatofoundation.org.za 

www.lionsgatefoundation.org.za 

TERMS AND CONDITIONS FOR SPONSORSHIP

1. Sponsorship approvals are completely up to the board of Lionsgate Foundation (LGF) and are not guaranteed by the submission of an application.
2. Proof of an ASD diagnosis is compulsory eg. Clinical psychologist report or Neuropaed report and a failure to submit this is tantamount to a disqualification.
3. Other reports such as Speech, Occupational therapist and school reports together with the relevant and current invoice submissions are required for sponsorship to be verified.
4. A certified copy of birth certificate must be provided.
5. Sponsorships are not transferable and the fees will be paid directly to the service provider on your behalf. LGF will have the right to negotiate a discount on behalf of the donee and has the right to choose the service provider. If the parent / guardian of the donee decides to discontinue services during the period of sponsorship then the parent / guardian of the donee is obliged to inform LGF immediately, so that services may be terminated.
6. A photograph of child must be provided. In some cases we may request that professional photographs are taken, for which LGF will cover the costs.
7. Sponsorships that are not submitted in full with the relevant documents required will not be considered.
8. Parent/ guardian expressly agree for the donee's photograph and story to be used on LGF's website and social media.
9. Proof of parent or guardians income can be requested at any time, as it does provide the donor recipient with an advantage.
10. Sponsorships are currently limited to school fees and therapy.
11. Sponsorships can be made in part or in full for a maximum of one year for school fees and or therapy. Invoices from the school must be provided to substantiate.
12. LGF is not responsible for any damage or harm caused by the service providers.

We, the undersigned, confirm that we have read and understood the terms and conditions above and that we are legally bound to it.

Dated at _____ on the _____ day of _____ 20_____.

Full Name of Parent 1 / Guardian

Signature of Parent 1 / Guardian

Full Name of Parent 2 / Guardian

Signature of Parent 2/ Guardian


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FORM TO BE COMPLETED	
Full names of BOTH PARENTS /GUARDIAN:	1. _____ 2. _____
Identity Number:	
Name of Donee:	
Date of birth Donee:	
Residential Address:	
Email address:	
Contact details:	
Share your story and explain how this sponsorship will help: (you upload on a separate document if you require more space)	


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Checklist of documents to be attached for a valid application:

- Copy of Parents/ Guardian Identity Document
- Copy of Birth certificate of minor applicant
- Proof of ASD diagnosis – from psychologist or doctor
- School reports for the last 2 years
- Invoices from the school fees of current year
- All historical assessment reports from therapists or psychologists (OT, speech therapist)
- ADOS and or Griffiths report (if available – you may request an assessment)
- Proof of residence
- Bank statements or Payslip for parents/ Guardian
- A high resolution picture of the minor applicant
- The signed terms and conditions of sponsorship

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