特定非営利活動法人アデイアベバ・エチオピア協会
Adeyabeba Ethiopia Association　አደይ አበባ ኢትዮጵያ ማኅበር

DATE:　Year　Month　Date

支援申込書
የአገልግሎት መጠየቂያ ቅጽ
APPLICATION FOR ASSISTANCE

氏名 ስም፡- Name	

現住所 አድራሻ፡- Address	

ご要望を詳細にご記入下さい。
እንዲፈጸምልዎት የሚፈልጉትን አገልግሎት በዝርዝር ይግለጹ፡-
Describe your requests in detail

FOR OFFICE USE

	Application Received by	Application Forwarded to
Director		
Remark		
Signature		

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