Pink
Health
Foundation

3, Olo Street Omagba Phase II Onitsha, Anambra.
Email: pinkhealthfoundation[illegible]@gmail.com

Date: [illegible]

STIPEND FORM

Name of Recipient: [illegible]

Purpose of Payment: Training/education on breast cancer consultation/review of results.

Amount: ₦250,000

Amount in words: Two hundred and fifty thousand naira.

Recipient's Signature and Date:

Prayers Signature and Date: