Nr. of Membership: DIS/SwC/_____

SHARE WITH CARE

Agreement / Commitment Form

for admission as a Member of the
Share with Care - Community of Beneficiaries
of the **DEUTSCH-INDISCHE STIFTUNG - Susanne Limbach & Jean Jose Joseph Rose Mary**
(a German-Indian charitable foundation)

Preamble

The **DEUTSCH-INDISCHE STIFTUNG - Susanne Limbach & Jean Jose Joseph Rose Mary** ("the Foundation") supports people, families, and communities in need in India.

The Foundation wants to help people build a better future – especially by supporting education, helping people become economically independent, and strengthening sustainable livelihoods.

With the project **"Share with Care"**, the Foundation connects help with responsibility:
Anyone who receives support becomes part of a community and promises to help other people in need later, as much as possible.

1. Parties

This agreement is made between

DEUTSCH-INDISCHE STIFTUNG - Susanne Limbach & Jean Jose Joseph Rose Mary
("the Foundation")

and

Name of the supported person: _____
("Beneficiary" or "Member")

Date of birth: _____ **Address:** _____

Contact details: _____

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2. Purpose of Support

The Foundation supports the Beneficiary with money and/or material support, especially for:

• studies or vocational training (e.g. B.Sc Nursing, Physiotherapy, etc.)
• starting a small business / self-employment (e.g. small shop, livestock breeding and keeping, tailoring, festive cosmetics, Aari embroidery, seed projects, etc.)

Support in this case: _____

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3. Admission as a Member

By accepting support from the Foundation, the Beneficiary becomes a Member of the

Share with Care Community of Beneficiaries.

This membership means belonging to the community, taking part, and having a morally binding responsibility to follow the Share with Care idea.

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4. Signing

This agreement can be signed with:

• the **DEUTSCH-INDISCHE STIFTUNG - Susanne Limbach & Jean Jose Joseph Rose Mary**,
or
• a local partner of the Foundation in India.

The Beneficiary accepts that signing with the local partner is the same as signing with the Foundation.

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5. Obligations of the Beneficiary

The Beneficiary promises:

• to use the support only for the agreed purpose,
• to give true and correct information to the Foundation and/or the local partners,
• to cooperate respectfully and in a helpful way with the Foundation and its partners.

6. Share with Care Commitment

The Beneficiary promises that after reaching a more stable situation through education or self-employment, they will help other people in need, depending on their possibilities, especially:

- school pupils
- students / trainees
- widows
- people without income
- other people in need

This support, through the Foundation's local partners, can be given in different ways:

a) Education support

- help with school fees, study materials, uniforms, transport, or exam fees
- support for a child, young person, or student

b) Contribution from income or profit

- regular or proportional contribution from income or profit
- payment into a self-help group fund to support more people

c) Support in kind

- giving livestock or animals for breeding (e.g. kid/goat/young animal)
- seeds or seedlings
- chickens or eggs
- or other useful support to help someone start a livelihood

Important principle:
It is not the amount that matters most, but the willingness to pass on help.

7. No repayment to the Foundation

The Foundation does not ask the Beneficiary to repay the support.

Share with Care does not mean repayment to the Foundation.
It means passing on help to other people in need, when it becomes possible.

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8. Values and Attitude

This agreement connects people through appreciation, sincerity, responsibility, helpfulness, and solidarity. It shows my identification with these values.

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9. Acceptance

I confirm that I have understood this agreement.
I accept the support of the Foundation with gratitude.
As a Member of the **Share with Care Community of Beneficiaries**, I will pass on support as much as I can. In this way, I will help this community and our society grow.

Signatures

Place: _____

Date: _____

Name (Beneficiary / Member): _____

Signature (Beneficiary / Member): _____

Confirmed by the Foundation or local partner: _____