



Shipment I.D.: S25010
Partner: Alliance For Children Everywhere Zambia
Container #: SEGU6436665
Report Due Date: 12/05/2025

Ship Date: 05/12/2025
Date of Arrival At: 09/05/2025

Description	Qty.	UOM	Received?	Notes
MEN'S SWEATERS/HOODIES	2,054	PIECE	0	
MEN'S T-SHIRTS	31,451	PIECE	0	
PORTABLE COTS FOR CHILDERN	48	UNIT	0	
SURGICAL MASK	49,560	UNIT	0	
TOTE BAGS	120	PIECE	0	
WOMEN'S T-SHIRT	1,072	PIECE	0	

Acknowledgement of Receipt:

By signing below, you affirm that your organization has received the product detailed above from World Help and the resources provided to you as a gift were used in accordance to our mutually binding partnership agreement and guidelines.

Date Distribution was completed: 11/25/2025

*

Partner Signature

Number of People Reached:

Children	Adults	Elderly	Disabled	Other
0	0	0	0	0

How specifically were these numbers calculated?

*

Were these numbers provided by the receiving party?

No



Individual Testimony

Name: *

Gender: *

Age: 0

Products Received: PORTABLE COTS FOR CHILDREN

1. How is the product received providing a lasting impact on the individual's life?

*

2. What specific struggles has this individual faced or is currently facing?

*

3. Please provide a direct statement from this individual indicating how these supplies impacted them.

*



Individual Testimony

Name: *

Gender: *

Age: 0

Products Received: MEN'S T-SHIRTS

1. How is the product received providing a lasting impact on the individual's life?

*

2. What specific struggles has this individual faced or is currently facing?

*

3. Please provide a direct statement from this individual indicating how these supplies impacted them.

*



Individual Testimony

Name: *

Gender: *

Age: 0

Products Received: MEN'S SWEATERS/HOODIES

1. How is the product received providing a lasting impact on the individual's life?

*

2. What specific struggles has this individual faced or is currently facing?

*

3. Please provide a direct statement from this individual indicating how these supplies impacted them.

*



Individual Testimony

Name: *

Gender: *

Age: 0

Products Received: SURGICAL MASK

1. How is the product received providing a lasting impact on the individual's life?

*

2. What specific struggles has this individual faced or is currently facing?

*

3. Please provide a direct statement from this individual indicating how these supplies impacted them.

*