

DONATION FORM

Donor details :

Title _____ Surname _____ First Name _____

Residence Address _____

Pin _____

Telephone No. _____ Mobile _____

Name of Office _____ Designation _____

Address _____

Pin _____

Telephone No. _____ Fax _____

Email _____ Date of Birth

D	D	M	M	Y	Y
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Profession _____

Love Care Foundation needs your help to support physical, material and emotional wellbeing of children right away. Please consider giving as much as you can afford, and perhaps even a little bit more!

Yes! I want to sponsor a child/children and provide support on a continuing basis

I understand that this is a **continuous/ongoing donation**. I wish to support in the following manner.....

- Sponsor a child with just 7800 a year
- Sponsor a child's education with 15,600 a year
- Make a Donation of any amount _____

Yes, I would like an IT exemption certificate

- 100% (35AC)
- 50% (80 G)
- I do not need tax exemption

Receipt may please be issued in My Name My Organization's Name

I am an existing donor Yes No If yes, my donor ID number is _____

Date: ___/___/___

Payment Mode :

- Cash Cheque/D.D. M.O.

I wish to make my gift by:

I authorise **Love Care Foundation** to Charge the indicated amount to my credit card

every : Month Year (Please tick)

Master Card

Visa



Card No.: []

Expiry Date: [] [] [] [] [] [] [] [] [] [] [] []

Signature _____

Love Care Foundation
Chamber No.1, Nanda Tower
Opposite Pacific Mall, Kaushambi
Ghaziabad - 201010 (U.P.)