Love Care Foundation
Restoring Smiles, Building Lives

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 |

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.....

- ☐ Rs. 650 per month to Sponsor a child
- ☐ Rs. 7800 a year to Sponsor a child
- ☐ Rs. 1300 per month to Sponsor a child & his/her education
- ☐ Rs. 15,600 a year to Sponsor a child and his/her education
- ☐ Rs. 6500 per month to Sponsor a child exclusively/10 children in one family
- ☐ Rs. 78000 a year to Sponsor a child exclusively
- ☐ Rs. 78000 a year to Sponsor 10 children in one family

Yes, I would like an IT exemption certificate

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

- ☐ Rs. 1,56,000 a year to Sponsor 10 children andtheir education in one family home
- ☐ Rs._____ (any amount)

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 _____

Instrument details _____date_____

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**

CREDIT CARD

Card No.: | | | | | | | | | | | | | | | | |

Expiry Date: | D | D | M | M | Y | Y | **Signature** _____

☐ **I authorise Love Care Foundation to deduct monthly contributions through my bank account by filling in the ECS mandate from alongside.**

PLEASE DO NOT GIVE ANY CASH DONATIONS

Electronic Clearing Services (ECS) Mandate Format

Your option to make payments through Credit Clearing Mechanism

Particulars of Bank account

Name of the Bank : .....

Branch Name : .....

Branch Address : .....

.....Ph.: .....

ECS (Debit) clearing as per the details given below

MICR Code number of the bank and branch

Type of account ☐ Saving ☐ Current ☐ Cash Credit

Mode of Operation ☐ Singly ☐ Jointly ☐ E/S

Ledger Folio No. .....

Account Holders Name .....

Account Number (as it appears on the Cheque book):

.....

Debit Frequency ☐ Monthly

Amount Rs. ..... in Words.....

Start Date | D | D | M | M | Y | Y | End Date | 3 | 1 | 0 | 3 | 1 | 6 |

(In lieu of the bank certificate to be obtained as under, please attach a blank cancelled cheque issued by your bank its photocopy for verification of the above particulars)

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the user institution responsible. I have read the option invitation letter and agree to discharge the responsibility expected of me as a participant under the scheme.

Date of Effect: | D | D | M | M | Y | Y | _____ Signature of Donor

It is certified that the particulars furnished above are correct as per our records.

Bank's Stamp:

Date of Effect: | D | D | M | M | Y | Y | _____ Signature of the Authorised official from the bank

(Note:- If in any case customer is not able to get the mandate verified from the bank, **LCF** will get the Bank verification on behalf of the customer/donor)

Love Care Foundation
Chamber No.1, Nanda Tower
Opposite Pacific Mall, Kaushambi
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Uttar Pradesh