

VIKLANG SAHARA SAMITI DELHI

G-Block, Basti Vikash Kendra, Mangol Puri, New Delhi-110083
Phone :- 27915733, 27913307

DONATION FORM

I, _____ wish to donate Rs _____

To **VIKLANG SAHARA SAMITI DELHI** towards: -

Tick here: -

- Sponsor a Child (for his/her Education) Rs. 500/- P.M.
- Vocational Training Material Rs. 250/- P.M.
- Financial Assistance to disabled for APANA ROZGAR YOZNA Rs. 5000/-
- Disabled Awareness Camp
- Help to disabled for aid/appliance Rs. 2500/- per appliance like caliper, Brace, Splint, etc
- Employment/Job Fair

1. Monthly 2. Quarterly

3. Half Yearly 4. Yearly

Name. _____ Date of birth _____ Age _____ Sex _____

Address. _____

City _____ pincode _____

Mobile No. _____ Resi. _____

Occupation. _____ Email id _____

I would be interested in claiming 50% of tax exemption under sec.80G yes no

Pan card no.

Signature of Donors

Note: Please make the cheque payable to "Viklang Sahara Samiti Delhi"

Bank Account Details

First/sole account holder: _____

Second A/c holder: _____ third A/c holder: _____

Bank name: _____ branch _____

MICR NO.

--	--	--	--	--	--	--	--	--	--	--	--

ACCOUNT TYPE: - SAVINGS CURRENT O/D

ACCOUNT OPERATION SINGLE JOINT EITHER OR SURVIVOR

DEBIT FREQUENCY:-
MONTHLY QUARTERLY HALF-YEARLY ANNUALLY

DEBIT AMOUNT:-

START DATE:-

END DATE:-

SERVICE ACCEPTANCE

I/we confirm that the particulars given above are correct and complete. I/we hereby authorize our sponsor bank services to debit my/our above mentioned account for the amount of payment specified by me from time to time through the service.

First/sole account holder

second account holder

third account holder

Certification by account holders bank

Certified that the particulars furnished above are as per our records and we have noticed the instructions

MICR NO.

--	--	--	--	--	--	--	--	--	--	--	--

DATE: ____/____/____

Authorized signatory

Bank's stamp

Feedback by Donar:-