

Akhil Bhartiya Jankalyan Vikas Samiti

DONATION FORM

(i) I would like my contribution to be utilized for

- | | | |
|---|---|--|
| <input type="checkbox"/> Awareness | <input type="checkbox"/> Single teacher school | <input type="checkbox"/> Free child health |
| <input type="checkbox"/> Eye camp | <input type="checkbox"/> Child labour education | <input type="checkbox"/> Aids programme |
| <input type="checkbox"/> others (specify) | | |

(ii) I would like to be on your mailing list. Yes No

Name.....

Address.....

.....City.....PIN.....

Phone:..... e-mail.....

Payment details (Donation may please be made as a crossed Cheque or demand draft in favor of "Akhil Bhartiya Jankalyan Vikas Samiti")

I hereby donate a sum of Rs.....

(In words).....

Cheque/Draft no.....Bank.....

Branch.....date.....

Signature

Please deliver/mail your donation to:

Akhil Bhartiya Jankalyan Vikas Samiti,
61 G / 10 E Chandpur Salori, Post- Teliarganj, Allahabad
E-mail:- info@abjvsamiti.org