DONATION FORM

ATMASPARSH CHARITABLE TRUST

Reg. No. E-23523(N)

	Personal Information	
Name :		Listerfize ter II
Address :		- Annuspursn
Landmark :	Pin code :	
Mobile :	Landline :	
Email address :		
Current occupation / study :	□ Work □ Study □ Full time □ Part time	e 🗖 Housewife
If Working – Place of Work :		
Your Birth Date :/	/	
Where did you hear about this p	rogram?	
Donor Contribution Declarat	on	
words	and unconditionally donating the) to the 'AtmaSparsh Charita n to any purpose as per the need of the hour; ho use:	able TRUST', Nagpur. I understand that
1. Poor Needy Children: -	Baby Food, Diaper, Clothes, Uniform, School F	ees, School Stationery, Mid – Day Food
2. Old Age Program: -	Medical Camp, Critical Illness, Sanitary Diapers, Share Joy by Picnic, Games, Movie and Plays.	
3. Handicapped Program: -	Help to Establish Business, Handicraft Training, Artificial Organ Assistance, Meditation Sessions.	
4. Mentally retired Program: -	Help in treatment, Behaviour Therapy, Occupational Therapy, Counselling, Medication, Meditation Seminars, Sanitary and Diapers, Medicines, Sharing joy by picnic, games, movies and plays	
Other		

Payment Mode

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- 1. Cheque or DD Payment should be in the favour of 'ATMASPARSH CHARITABLE TRUST, NAGPUR' payable at Nagpur. Cheque or DD No. _____
- 2. RTGS or NEFT : _______
 ATMASHPARSHA CHARITABLE TRUST, NAGPUR,
 BANK NAME : _______ IFSC Code: ______
 Account No : ______
- 3. Cash Above Twenty Thousand, PAN Card Number on form and receipt is compulsory. PAN NO.

By signing this form, I attest that the information supplied is true and accurate.

I allow ATC to publish my donation details on social media, like Facebook, Twitter, Website etc {yes / no}

Signature:

Name :

Date : ____/___/____