

PREM NAZIR FOUNDATION

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VOLUNTARY CONTRIBUTION FORM

FULL NAME (CAPITAL LETTERS)		
DATE OF BIRTH (DD/MM/YYYY)	GENDER	
PROFESSION	ORGANIZATION	
PRESENT ADDRESS STREET		
CITY	STATE	PIN
PERMANENT ADDRESS STREET		
CITY	STATE	PIN
TELEPHONE	MOBILE	EMAIL
CONTRIBUTION RS	IN WORDS	
CONTRIBUTION FOR		
MODE OF PAYMENT	CHK / DD NUMB	ER
DRAWEE BANK	BRANCH	
SIGNATURE OF DONOR		PLACE
	FOR OFFICIAL USE ONLY	
CONTRIBUTION OF RS		
AND RECEIPT ISSUED		
RECEIPT NO		DATE:
FINANCIAL TRUSTEE	EXECUTIVE TRUSTEE	CHAIRMAN