afifa FOUNDATION

# Donation Form

Make the Donation for change

## Sole/First Applicant

1. Please fill up in BLOCK letters only and use black/blue ink ball pen. Please leave one box blank between two words. Tick (√) the appropriate boxes.
2. Fields marked asterix (*) are mandatory.
3. Name and Address of Donor are optional.

## *Donation by

☐ Cash ☐ Cheque ☐ Gift ☐ Other______________________________

Rs. ☐☐☐☐☐☐☐☐☐☐ Amount in words________________________________________________________

*Gift description* ______________________________________________________________________

## *Donation for

☐ Food ☐ Cloth ☐ Health ☐ Shelter ☐ Education

☐ Training ☐ Development ☐ Children ☐ Old age person ☐ Women

☐ Orphans ☐ Agriculture ☐ Environment ☐ Emergency ☐ Future Project

☐ Other ______________________________________________________________________

## Donor information

Name: ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Other_____________

Send my bill by: ☐ Email ☐ Post ☐ Message ☐ Face to Face ☐ Other ___________________________

Billing address:

Landmark/Street:

City: Pin: State:

Mobile no. Email: _______________________________________________________

## Declaration

☐ *I hereby declared that I read and understood all the term and condition of afifa foundation's charitable organization. I donate above mansion donation, without any force and without any claim in future.*

Date: ______________________ Place: _________________________ Signature of Donor: __________________

*(For office use only)*

Bill no. A F I F A / C H A R I T A B L E . O R G / 2 0 1 _ /

Received by:________________________________________

Date: ______________________ Place: _________________________ Authorized Signature: ___________________