



Hahnemann Charitable Mission Society

Regd. Office: J-890,Phase 3,Sitapura Industrial Area

Donation Form

Yes, I am a supporter of Healthy India with the association of Hahnemann Charitable Mission Society!

Please find below details, for my Donation.

Please select either option

I am donating to Hahnemann Charitable Mission Society for the first time

I am a Regular Supporter.

MY PERSONAL DETAILS: (for receiving a donation receipt)

Mr. Mrs. Ms.

Name*

Address*

City Postal code* State

Date of Birth* Mobile* PAN*

E-mail id*

DETAILS OF DONATION

I would like to make my donation Monthly/ Quarterly/ Half Yearly/ Annually

I would like to make a donation of Rs.

(Amount in words)

Start Date End Date

Name (as appears on credit card)

Credit Card No. Expiry Date

Bank Name Visa Masters Maestro

Date Signature

***To be filled mandatorily for convenience of sending receipts and updated reports.**

Kindly send this form to Hahnemann Charitable Mission Society, J-890,Phase 3, Sitapura Industrial Area, 302022

Hahnemann Charitable Mission Society

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