



Donation Form

Yes, I want to help children in need for critical medical help as also will like to contribute to help educate children from under-privileged background.

I wish to Donate Rs

Frequency: Monthly Half Yearly Yearly One Time

Bank Name

Cheque No.: Date: Amount:

Amount in Words

PLEASE ISSUE CHEQUE IN THE NAME OF **VEERANWALI FOUNDATION - NANHI JAAN**
payable at Chandigarh **and send to** Nanhi Jaan, C/o Omni Clinics and Diagnostics
SCO 343-345, Sector 34-A, Chandigarh – 160034 INDIA

Nanhi Jaan is the project of Veerananwali Foundation which is currently registered as a Trust and has exemption under Section 80-G of Income Tax Act 1961
(order number AA/CHD/2011-12/631 dt. 17-5-2012). PAN: AAATV9159A

1. Your Name: Mr/Ms/Mrs

Address:

City:..... **State:** **Pin:**

Email:

Mobile:

Donor's Signature