



Yes, I am a supporter of Smile Foundation!

Please find below details, for my Donation. *(Form to be filled in block letters)*

Please select either option

☐ I am donating to Smile Foundation for the first time

☐ I am a Regular Supporter. My Donor ID is _____

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 SMILE FOUNDATION, V-11, Level 1, Green Park Extension. New Delhi 110016.

SMILE FOUNDATION

V-11, Level I, Green Park Extension, New Delhi 110016. India.

Phone: +91 11 43123700 | Telefax: +91 11 41354454 | Email: support@smilefoundationindia.org