

Donation Form

Yes! I am a supporter of BPHRF!

(Form to be filled in block letters)

I am donating for the first time

I am a regular supporter. My Donor ID

PERSONAL DETAILS *(for receiving a donation receipt):*

Name* _____

Address* _____

City* _____ State* _____ Postal code* _____ Date of

Birth* _____ Contact No* _____ Email

id* _____

DETAILS OF DONATION *(Demand Draft should be payable at Kolkata)*

I would like to make a donation in form of Cash / DD / Cheque

Cash: Rs. (Amount in words _____) Cheque/ DD No.

_____ Dated _____ Bank details: Bank Name

_____ Branch

Date:

Signature

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

Kindly send this form to

Barrackpore Population Health Research Foundation

20/2, Sasthitola Road, Ground Floor, Barrackpore, Kolkata 7000123, West Bengal (India)