

DONATE THROUGH CHEQUE/DEMAND DRAFT

DONOR REGISTRATION FORM

| | |
|-----------------------|--|
| Full Name | |
| Full Address | |
| State | |
| Country of Residence | |
| Email Address | |
| Phone Number | |
| Donation Amount (Rs.) | |

I declare that I am an Indian citizen and making this contribution voluntarily from legally earned personal funds.

Date:

Signature of Donor

Kindly attach this form with your contribution cheque/demand draft made in favour of **“AcadX Trust”** payable at Bangalore, and mail it to our address given below:

AcadX Trust

811, 10th A Main Road,
 Suite No.406, 1st Floor,
 Indiranagar,
 Bangalore-560038. India.
 Phone: 9901940345

Thank You For Contributing to Nation Building Academic Excellence Programmes