

PLEDGE FORM



I/We do hereby pledge to support the SWAB Trust through Donations / Zakat for ONE time contribution / on monthly basis for the amount of Rs. _____

Name of Donor: _____

Name of Organization: _____

Residential Address: _____

Office Address: _____

Mobile: _____

PTCL: _____

E-mail: _____

Save lives of Poor & Critical Kidney Patients with your Donations / Zakat

Cost of 1 Dialysis Rs. 4105/-

Cost of 12 Dialysis Per Month / Per Patient is Rs. 49,260/-

I would like to give my/our Donation / Zakat through

- ☐ Cash ☐ Cheque ☐ Online Deposit
- ☐ Pay Order ☐ Bank Draft

TITLE: SSWAB TRUST
BANK: MEEZAN BANK
ACCOUNT #: 0106 0100431775
IBAN: PK41 MEZN 0001 0601 0043 1775



TITLE: SSWAB TRUST ZAKAT
BANK: MEEZAN BANK
ACCOUNT #: 0106 0103884513
IBAN: PK02 MEZN 0001 0601 03884513



SCAN TO DONATE
www.sswabtrust.org



Kindly fill the form and drop/send to the following address or send screenshot after depositing online on our whatsapp and email

