

Yes, I would like to Sponsor a Child

I would like to sponsor: ☐ 10 Children ☐ 5 Children ☐ 3 Children ☐ 2 Children ☐ 1 Child ☐ Others
☐ ₹600/Month ☐ ₹1800/Quarterly ☐ ₹3600/Half Yearly ☐ ₹7200/Annually

PLEASE COMPLETE IN BLOCK LETTERS

There are three ways you can make a donation

1. Credit Cards
2. Cheque/DD
3. Direct Debit or ECS

Personal details to know you better:

(Mr/Mrs/Ms) (Full Name) ☐ Male ☐ Female
Address: Pin:
Mobile: (Off.) (Per.) Phone: (Off.) (Res.)
e-mail: (Off.) (Per.)
Date of Birth: dd / mm / yy PAN: (to help issue 80G receipt)
Profession: Qualification: Office/Company Name:

1. I prefer to make my gift through CREDIT CARD

My Credit Card Details:

Name of the Bank:
☐ Visa ☐ Mastercard Number:
.....
Name as on card:
Date of Birth (dd/mm/yy): Expiry Date:
Signature:
I authorise quarterly/half-yearly/annual deductions of
₹..... from my Credit Card beginning from / /
until further written notice from me.

2. I prefer to make my gift by CHEQUE/DD

☐ No. of post dated cheques for child sponsorship payable to ActionAid Association.
☐ My Cheque/DD for one-time donation of ₹..... Payable to ActionAid Association.

Cheque/DD No.: Dated: / /
(Payable to ActionAid Association).

Drawee Bank:

Signature

3. I prefer to authorise donation payments through Direct Debits from my bank account through Electronic Clearing System (ECS).

- Direct Debit will start in the next available month

actionaid

Direct Bank Debit Mandate Form instruction to your bank to pay by Direct Debit (ECS) MANDATE FOR HONOURING ECS (DEBIT) INSTRUCTIONS

I/We hereby apply for enrolment under donation to ActionAid Association via ECS/Direct Debit

Donor's Details:

Name:
Address:
Contact No:

for ₹..... (There must be at least 30 days gap between the first donation cheque and the first deduction from your account through ECS.)
Start the first debit clearing from the date / /
end date: 31.03. 2017.

I/We authorise ActionAid Association to debit my/our following bank account by ECS for collection of my donation

Particulars of your Bank Account:

Bank Name:
Branch Name:
Bank City:
Account No.:
9 Digit MICR No.:
1st Account holder's name as in the bank account:

I/We here by declare that the particulars given above are correct and express my/our willingness to make payments referred above through participation in ECS (Debit Clearing/Direct Debit). If transaction is delayed or not effected at all for reasons of incomplete or incorrect information. I/We would not hold the user institution responsible. I/We will also inform ActionAid Association about any changes in my/our bank account.

.....
First Account Holder's Signature

.....
Second Account Holder's Signature

Banker's Attestation (For Bank use only)

Certified that the signature of account holder and the details of bank account and its MICR code are correct as per our records.

Signature of Authorised official from bank (Bank Stamp and Date)

.....

Authorisation of the Bank Account Holder (To be signed by the donor).
This is to inform that my/our payment towards my/our donation to ActionAid Association shall be made from my/our below mentioned bank account with your bank. I/We authorise the representative carrying this ECS Mandate Form to get it verified and executed.

Bank Account Number

.....
First Account Holder's Signature

.....
Second Account Holder's Signature

OFFICE USE ONLY

Fundraiser Name: Team Leader:
City: Date: Company:

'Save a Child Save Tax': Contribution to ActionAid Association is exempted from Tax under Section 80G of Income Tax Act 1961.

Attn: CASH DONATIONS NOT ACCEPTED