## IN INDIA, ACTIONAID WORKS WTH OVER 12 MILLION POOR AND EXCLUDED IN 24 STATES



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www.actionaid.org/india e-mail: fundindia@actionaid.org

PLEASE COMPLETE IN BLOCK LETTERS  There are three ways you can make a donation Personal details to know you better:    Mr/Mrs/Ms    Male   Female	e to Sponsor a Child
PLEASE COMPLETE IN BLOCK LETTERS   There are three ways you can make a donation   Calculation   Ca	
PLEASE COMPLETE IN BLOCK LETTERS  There are three ways you can make a donation   cost bare   cost bare	3 Children 2 Children 1 Child 0 Others
Personal details to know you better:    Mr/Mrs/Ms    Male   Female	rterly
### Address:  ##	There are three ways you can make a donation 1. Credit Cards
Address:    Pin.	2. Cheque/DD 3. Direct Debit
Mobile: (Off.)	
Mobile: (Off.)	
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Part	
Date of Birth:	
Profession:	
1. I prefer to make my gift through CREDIT CARD  My Credit Card Details:    No. of post dated cheques for child sponsorsh   payable to ActionAld Association.   My Cheque/DD for one-time donation of ₹	
My Credit Card Details:   Name of the Bank:	Office/Company Name:
Name of the Bank:	
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Payable to ActionAid Association.  Cheque/DD No:	
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antil further written notice from me.  3. I prefer to authorise donation payments through Direct Debits from my bank account through Electronic Clearing System (ECS).  • Direct Bank Debit Mandate Form instruction to your bank to pay by Direct Debit (ECS) MANDATE FOR HONOURING ECS (DEBIT) INSTRUCTIONS  We hereby apply for enrolment under donation to ActionAid Association via ECS/Direct Debit (ECS) MANDATE FOR HONOURING ECS (DEBIT) INSTRUCTIONS  We hereby apply for enrolment under donation to ActionAid Association via ECS/Direct Debit (ECS) MANDATE FOR HONOURING ECS (DEBIT) INSTRUCTIONS  I/We here by declare that the particulars given above are correct a express my/our willingness to make payments referred above throu participation in ECS/Debit Clearing/Direct Debits (I transaction is delay or not effected at all for reasons of incomplete or incorrect informatic live would not hold the user institution responsible. I/We will also info ActionAid Association about any changes in my/our bank account.  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:	
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Core tire 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	y by Direct Debit (ECS) MANDATE FOR HONOURING ECS (DEBIT) INSTRUCTIONS  I/We here by declare that the particulars given above are correct at express my/our willingness to make payments referred above throug participation in ECS (Debit Clearing/Direct Debit). If transaction is delays 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 infor
Signature of Authorised official from bank (Bank Stamp and Date)  Authorisation of the Bank Account Holder (To be signed by the done This is to inform that my/our payment towards my/our donation ActionAid Association shall be made from my/our below mention bank account with your bank. I/We authorise the representatic carrying this ECS Mandate Form to get it verified and executed.  Bank Account No.:  Bank Account No.:  Bank Account Number  Bank Account Number  First Account Holder's Signature  Second Account Holder's Signature	y by Direct Debit (ECS) MANDATE FOR HONOURING ECS (DEBIT) INSTRUCTIONS  I/We here by declare that the particulars given above are correct ar express my/our willingness to make payments referred above throug participation in ECS (Debit Clearing/Direct Debit). If transaction is delayer 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 infor ActionAid Association about any changes in my/our bank account.
Authorisation of the Bank Account Holder (To be signed by the dono This is to inform that my/our payment towards my/our donation ActionAid Association shall be made from my/our below mention bank account with your bank. I/We authorise the representati carrying this ECS Mandate Form to get it verified and executed.  Bank Account Number  Ist Account holder's name as in the bank account:  First Account Holder's Signature  Second Account Holder's Signature	y by Direct Debit (ECS) MANDATE FOR HONOURING ECS (DEBIT) INSTRUCTIONS  I/We here by declare that the particulars given above are correct at express my/our willingness to make payments referred above through participation in ECS (Debit Clearing/Direct Debit). If transaction is delay 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 the Action Aid Association about any changes in my/our bank account.  First Account Holder's Signature  Second Account Holder's Signature  Second Account Holder's Signature  Second Account Holder's Signature  Certified that the signature of account holder and the details of bar
ActionAid Association shall be made from my/our below mentions bank account with your bank. I/We authorise the representative carrying this ECS Mandate Form to get it verified and executed.  Bank Account No.:  Bank Account Number  Bank Account Number  First Account Holder's Signature  Second Account Holder's Signature	y by Direct Debit (ECS) MANDATE FOR HONOURING ECS (DEBIT) INSTRUCTIONS  I/We here by declare that the particulars given above are correct at express my/our willingness to make payments referred above through participation in ECS (Debit Clearing/Direct Debit). If transaction is delay 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 the Action Aid Association about any changes in my/our bank account.  First Account Holder's Signature  Second Account Holder's Signature  Second Account Holder's Signature  First Account Holder's Signature account holder and the details of bata account and its MICR code are correct as per our records.  Signature of Authorised official
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account: First Account Holder's Signature Second Account Holder's Signature	y by Direct Debit (ECS) MANDATE FOR HONOURING ECS (DEBIT) INSTRUCTIONS  I/We here by declare that the particulars given above are correct an express my/our willingness to make payments referred above through participation in ECS (Debit Clearing/Direct Debit). If transaction is delay, or not effected at all for reasons of incomplete or incorrect informatic I/We would not hold the user institution responsible. I/We will also information actionAid Association about any changes in my/our bank account.  First Account Holder's Signature  Second Account Holder's Signature  Second Account Holder's Signature  Second Account Holder's Signature  Certified that the signature of account holder and the details of bat 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 dono This is to inform that my/our payment towards my/our donation ActionAid Association shall be made from my/our below mentions bank account with your bank. I/We authorise the representating carrying this ECS Mandate Form to get it verified and executed.
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Direct Bank Debit Mandate Form instruction to your bank to pay  //We hereby apply for enrolment under donation to ActionAid Association via ECS/Direct Debit  Donor's Details:  Name:  Address:  Contact No:  Contact No:  Contact No:  Contact No:  Contact No:  Contact He first debit clearing from the date	

'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

Company: ....

.. Date: ..