



DONATION FORM

Executive Name _____ Executive ID _____

DONOR DETAILS:

Title: _____ Surname: _____ First Name: _____

Communication Address: _____

PAN No.: _____ Pincode: _____

Telephone No.: _____ Mobile: _____

Name of Office: _____ Designation: _____

E-mail: _____ Date of Birth:

D	D	M	M	Y	Y
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End AIDS India needs your support to foster well-being and increase access to healthcare for all persons living with HIV in India.

THANK YOU. YOUR SUPPORT COUNTS!

Together, we can achieve a lasting change. I wish to support in the following manner:

- Rs. 9,000 yearly** - Can support access to healthcare, nutrition and education for children living with HIV giving them a brighter & healthier future.
- Rs. 15,000 yearly** - Can ensure access to vital health care and support to pregnant mothers with HIV and protect the new-borns helping create an AIDS-free generation.
- Rs. 18,000 yearly** - Can empower and provide livelihood & skill building supports to youth and other affected key populations living with HIV and their family.
- Rs. 30,000 yearly** - Can enable emergency response, improve treatment adherence & reduce related co-infections like TB, Hepatitis B and others.
- Rs. _____** (any amount)

Receipt may please be issued in My Name My Organization's Name

I am an existing donor Yes No If yes, my donor id number is _____

Instrument details _____ Dated _____

I wish to make my gift by:

I authorise India HIV/AIDS Alliance to charge the indicated amount to my credit card on a monthly basis

Master Card Visa American Express Diners

Card No.

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 End Date

D	D	M	M	Y	Y
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Expiry Date

M	M	Y	Y
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 Signature _____

Do not give any cash donation.

End AIDS India campaign is hosted by India HIV/AIDS Alliance, so all cheques to be in favour of "India HIV/AIDS Alliance".
India HIV/AIDS Alliance is a Section 8 Company, Registration: U85310DL1999NPL098570. All support is tax exempted under section 80G.