



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:

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End AIDS India needs your support to foster wellbeing 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. 750 monthly** - Can support access to healthcare, nutrition and education for children living with HIV giving them a brighter & healthier future.
- Rs. 1,000 monthly** - 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. 1,500 monthly** - Can empower and provide livelihood & skill building supports to youth and other affected key populations living with HIV and their family.
- Rs. 2,500 monthly** - 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 _____

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.

