SOS CHILDREN'S VILLAGES INDIA

A loving home for every child

Donor details :

Title_____ Surname_____ First Name_____

Residence Address_____

_____ Pin _____

Telephone No._____ Mobile _____

Name of Office _____ Designation _____

Address _____

_____ Pin _____

Telephone No._____ Fax _____

Email _____Date of Birth D D M M Y Y

SOS Children's Villages of India needs your help to support physical, material and emotional wellbeing of children right away. Please consider giving as much as you can afford, and perhaps even a little bit more!

☑ **Yes! I want to sponsor a child/children and provide support on a continuing basis**

I understand that this is a **continuous/ongoing donation.** I wish to support in the following manner.....

- ☐ Rs. 600 per month to Sponsor a child
- ☐ Rs. 7,200 a year to Sponsor a child
- ☐ Rs. 1,000 per month to Sponsor a child & his/her education
- ☐ Rs. 12,000 a year to Sponsor a child and his/her education
- ☐ Rs. 6,000 per month to Sponsor a child exclusively/10 children in one family
- ☐ Rs. 72,000 a year to Sponsor a child exclusively
- ☐ Rs. 72,000 a year to Sponsor 10 children in one family
- ☐ Rs. 1,20,000 a year to Sponsor a child and his/her education exclusively
- ☐ Rs. 1,20,000 a year to Sponsor 10 children andtheir education in one family home
- ☐ Rs._____ (any amount)

Yes, I would like an IT exemption certificate

- ☐ **100% (35AC)**
- ☐ **50% (80 G)**
- ☐ **I do not need tax exemption**

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 _____date_____

I wish to make my gift by:

☐ **I authorise SOS Children's Villages of India to charge the indicated amount to my credit card every : Month ☐ Year ☐ (Please tick)**

☐ **Master Card** ☐ **Visa**

CREDIT CARD

Card No.: | | | | | | | | | | | | | | | | |

Expiry Date: D D M M Y Y **Signature** _____

☐ **I authorise SOS Children's Villages of India to deduct monthly contributions through my bank account by filling in the ECS mandate from alongside.**

PLEASE DO NOT GIVE ANY CASH DONATIONS

SOS CHILDREN'S VILLAGES INDIA

Electronic Clearing Services (ECS) Mandate Format

Your option to make payments through Credit Clearing Mechanism

Particulars of Bank account

Name of the Bank : .....

Branch Name : .....

Branch Address : .....

.....Ph.: .....

ECS (Debit) clearing as per the details given below

MICR Code number of the bank and branch

Type of account ☐ Saving ☐ Current ☐ Cash Credit

Mode of Operation ☐ Singly ☐ Jointly ☐ E/S

Ledger Folio No. .....

Account Holders Name .....

Account Number (as it appears on the Cheque book):

.....

Debit Frequency ☐ Monthly

Amount Rs. ..... in Words.....

Start Date D D M M Y Y End Date D D M M Y Y

(In lieu of the bank certificate to be obtained as under, please attach a blank cancelled cheque issued by your bank its photocopy for verification of the above particulars)

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the user institution responsible. I have read the option invitation letter and agree to discharge the responsibility expected of me as a participant under the scheme.

Date of Effect: D D M M Y Y

_____
Signature of Donor

It is certified that the particulars furnished above are correct as per our records.

Bank's Stamp:

Date of Effect: D D M M Y Y

_____
Signature of the Authorised official from the bank

(Note:- If in any case customer is not able to get the mandate verified from the bank, SOS-India will get the Bank verification on behalf of the customer/donor)

SOS Children's Villages of India
Plot Number 4, Block C-1
Nelson Mandela Marg, Vasant Kunj,
New Delhi-110070

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