

DONATION FORM



advit foundation

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I wish to support *advit foundation*.

I am donating _____ amount in favor of *advit foundation*.

Please check if you have previously donated

Name of Organisation/Individual: _____

Address : _____

City : _____ State: _____

Zip/Pin Code : _____ Country: _____

Payment Mode (Tick Applicable)

- Cheque
 Demand Draft
 Charge my Credit Card _____ Mastercard _____ Visa

Credit Card Number _____ Expiry Date ____/____ (MM/YY)

Date:

Signature/Company Seal