




HEMOPHILIA FEDERATION (INDIA)

Donation Form

 <p>Sponsor a Child with Hemophilia</p>	<input type="checkbox"/> Rs. 3000 for 3 months <input type="checkbox"/> Rs. 6000 for 6 months <input type="checkbox"/> Rs. 9000 for 9 months <input type="checkbox"/> Rs. 12000 for a year	 <p>Support for Carrier Detection & Prenatal Diagnosis Tests (CD/PND)</p>	<input type="checkbox"/> Rs. 1000 for Carrier Detection <input type="checkbox"/> Rs. 10000 for Prenatal Diagnosis
 <p>Sponsor Anti Hemophilic Factor (AHF)</p>	<input type="checkbox"/> Rs. 2500 for a quarter <input type="checkbox"/> Rs. 5000 for 6 months <input type="checkbox"/> Rs. 7500 for 9 months <input type="checkbox"/> Rs. 10000 for a year	 <p>I'd Like To Make A General Donation</p>	Any amount you wish to Contribute Rs. _____

All above donations to HFI are 50% Tax Exempted under section 80G of of Income Tax Act,

- Receipts of donations through Cheque will be delivered immediately after encashment of the Cheque.
- We do accept cash donations only at HFI Head Office.

Enclosed demand Draft / Cheque No _____ Dated _____ for
Rs. _____ (In words _____) in favour of
"Hemophilia Federation (India)" payable at New Delhi.

Name _____ D.O.B. _____
Address _____
Phone _____ Pin Code _____
Email _____ Mobile No _____
PAN No. _____ (Mandatory)

Date: _____ Signature: _____

"HELPING HANDS ARE BETTER THAN PRAYING LIPS".

MOTHER TERESA