



## **Donation form for availing 100% Tax Exemption on your donation to Udayan Care**

As an expression of my support to Jagshanti Udayan Care Hostel for Women, please find enclosed a cheque/DD drawn in favour of **Udayan Care**, payable at New Delhi.

**I also understand that 100% Tax exemption can be availed through this donation, under Section 35 AC of the Income Tax Act.**

Cheque/DD Amount: Rs. \_\_\_\_\_

Drawn on (Date): \_\_\_\_\_

My Pan Card No. is: \_\_\_\_\_

Also note that my donation is for ( √ the correct Box)

**Corpus**

**Running Expenses**

**for Jagshanti Udayan Care Hostel for women**

### **Contact Details**

#### **Name**

Prefix (Mr./ Ms./ Dr./M/s.): \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

#### **Personal Address**

Street : \_\_\_\_\_

City : \_\_\_\_\_

Pin code: \_\_\_\_\_ State: \_\_\_\_\_

Country: \_\_\_\_\_

Landline phone number with Std Code: \_\_\_\_\_

Mobile Number : \_\_\_\_\_

Personal e-mail ID: \_\_\_\_\_

DOB (DD/MM/YYYY): \_\_\_\_\_

**Work Address**

Street : \_\_\_\_\_

City : \_\_\_\_\_

Pin code: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_

Work Phone number with Std Code: \_\_\_\_\_

Mobile Number : \_\_\_\_\_

Work e-mail ID: \_\_\_\_\_

Qualifications : \_\_\_\_\_

Occupation : \_\_\_\_\_

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

**Head Office**

16/97 A, 1st Floor, Vikram Vihar, Lajpat Nagar- IV New Delhi 110024.

Tel : +91-11-46548105/4658106

Website:[www.udayancare.org](http://www.udayancare.org); [email:info@udayancare.org](mailto:info@udayancare.org)