



(A Public Charitable Trust)

DONOR FORM

1.	NAME OF DONOR	
2.	DATE OF BIRTH	
3.	OCCUPATION	
4.	CONTACT ADDRESS	
5.	MOBILE NUMBER	
6.	EMAIL	
7.	AMOUNT OF DONATION	<p>I agree to pay (Tick appropriate) :</p> <input type="checkbox"/> Rs.100/- per month. <input type="checkbox"/> Rs.500/- per month. <input type="checkbox"/> Rs..... per month. <input type="checkbox"/> Rs..... per year. <input type="checkbox"/> As and when desired.
8.	MODE OF DONATION	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> DD Cheque / DD favouring "WINGS OF EAGLE"
9.	SCHEMES OF DONATION	<p>I would like to donate for (Tick appropriate) :</p> <input type="checkbox"/> General Donation. <input type="checkbox"/> Feeding the poor / Annadhanam. <input type="checkbox"/> Contribution to Medical Fund. <input type="checkbox"/> Contribution to Education Fund. <input type="checkbox"/> Helping Orphanages & Old Age Homes. <input type="checkbox"/> Upliftment of Society. <input type="checkbox"/> Contribution for Special Occasions. <input type="checkbox"/> Any other, specify
10.	SIGNATURE WITH DATE	

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