



Donation Form

Yes, I want to help children in need for critical medical help as also will like to contribute to help educate children from under-privileged background.

I wish to Donate Rs

Frequency: Monthly Half Yearly Yearly One Time

Bank Name

Cheque No.: Date: Amount:

Amount in Words

PLEASE ISSUE CHEQUE IN THE NAME OF **VEERANWALI FOUNDATION - NANHI JAAN**
payable at Chandigarh **and send to** Nanhi Jaan, C/o Omni Clinics and Diagnostics SCO
343-345, Sector 34-A, Chandigarh – 160034 INDIA

Nanhi Jaan is the project of Veeranawali Foundation which is currently registered as a Trust. PAN:
AAATV9159A

1. Your Name: Mr/Ms/Mrs

Address:

City:..... State: Pin:

Email:

Mobile:

Donor's Signature