Donation form

AFA National Centre for Autism Donation Form

*Note*: This is a fillable Microsoft Word form. Please click each field and enter your information. To check a box, double click the box and change ‘Default value’ to “checked.” Enter tab to move between fields. You may also print out this form and fill it in with pen.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Donor Information | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name:** | |  | | | | | | | | | | | | | | | |  |  | | | | | |
| **Address:** | |  | | | | | | | | | | | | | | | | | | | | | | |
| **City:** | |  | | | | | | | | |  | State/PIN or ZIP | | | | | | | | |  | | | |
| **Home phone:** | |  | | | | | | | | |  | Mobile: | | | | |  | | | | | | | |
| **Email:** | |  | | | | | | | | | | | |  | | | | | | | | | | |
| **Any other information** | | | |  | | | | | | | | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Donation Information | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Amount of donation:** | | | INR | | | |  | | US $ | | | | | |  | | | | | | |  | | | | |
| **Payment information, if paying by Demand Draft:** | | | | | | | | | | | | | | | | | | | | | | | | |
| Please find enclosed a Demand Draft No | | | | | | | |  | | Dated | | |  | | | | | | | | | |  | |
| Drawn on |  | | | | Bank in favor of Action for Autism, payable at New Delhi. | | | | | | | | | | | | | | | | | | | |
|  |  | | | |  | | | | | | | | | | | | | | | | | | | |
| Is this a donation in someone’s name? | | | | | |  | | | | | | | | | | | | | | | | | | |
| Is there a specific area for which you would like to designate this donation? | | | | | | | | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |