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.

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| --- |
| 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? |       |
|       |