

We Care 
YOUR LOVING RESPONSE
From the People who Care!

I / We would like to participate in your efforts to create a better world.
 Kindly find enclosed my / our donation. Kindly acknowledge receipt.

Donation Amount (in figures): Rs.
Amount in words: Rs.
Cash / Money Order:
Cheque / Draft no., date and name of bank:
Western Union Transaction No.:
Online Bank Transfer (details)

**This is a CORPUS DONATION which you may utilize for any of the following objectives:
 (tick appropriate item)**

<input type="checkbox"/> Care of the Poor	<input type="checkbox"/> Care of Women / Girl Child
<input type="checkbox"/> Care of Orphans / Children	<input type="checkbox"/> Care of the Disabled
<input type="checkbox"/> Care of the Sick, Infirm and Dying	<input type="checkbox"/> Care of Alcoholics and Drug Addicts
<input type="checkbox"/> Care of the those in need of Education	<input type="checkbox"/> Any other objects you think fit
<input type="checkbox"/>	<input type="checkbox"/>
Name of the Corpus Fund (if applicable)	

My Personal Details

Full Name	
Full Postal Address	
Email ID	
Tel:	Mob / Cell:
Occupation	
Income Tax Permanent Account Number (PAN):	

Mailto: We Care, "Pratiksha Nivas", No. 127/14, 2nd Main Road, 1st Cross, Brindavan Nagar, Chikka Adugodu Extn, Bangalore – 560029, Karnataka . Email: wecare1999@gmail.com Mob: 9844030002

Signature of the Donor

TAX BENEFIT AVAILABLE UNDR SECTION 80G OF THE INCOME TAX ACT 1961