



Care and Compassion towards the twilight zone of life

Planned giving in the form of asset & others

Monthly giving Rs. ....  
(Mention Amount)

Wish Ambulance – Rs. 3 Lakhs

Cot / Mattress /Bed Spread / Pillows – Rs. 50,000/-

Dresses – Rs. 20,000/-

Rice / Vegetables / Accessories – Rs.7, 500/- per day

Expenses for caring a patient – Rs.5, 000/- a month

“After life management” expenses Rs. 5,000/-

Family rehabilitation Rs. 20,000/-

Sponsor a bed expenses Rs. 20,000/- per month

1. I like to donate an amount of INR. ....

2. I prefer my donation by : Cheque :  Demand Draft :

Cheque / DD No:  Date:  Bank Name:

3. **My Personal Details**

Name: Mr/Ms/Mrs.....

Address:.....

.....

.....Pincode.....

Phone:.....Mobile:.....

Email:.....@.....

Pan No:.....

Please send your Cheque / Demand Drafts (DD) payable to “S.R.Trust”, to the address.

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**Note: Tax exemption for your donation from Income Tax under section 80G**

*Thank you for valuing the human life*