

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:	
Mode of Payment	
<input type="checkbox"/> Cash	<input type="checkbox"/> Postal Money Order
<input type="checkbox"/> Cheque	<input type="checkbox"/> Western Union
<input type="checkbox"/> Demand Draft (DD)	<input type="checkbox"/> Online Bank Transfer
Payment Details: <ul style="list-style-type: none"> ▪ Cheque / DD No. : ▪ Cheque / DD Date: ▪ Western Union Transaction No.: ▪ Date of online transfer: 	

**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"/>	<input type="checkbox"/> Any other objects you think fit
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, St. Anthony's Friary, No. 85 Hosur Road, Bangalore – 560095, Karnataka, India. Email: wecare@rediffmail.com Mob: 9844030002

Signature of the Donor

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