



Donation Form

Date: _____
(Please PRINT all information clearly)

The Managing Trustee,
Bhagwan Mahaveer Cancer Hospital &
Research Centre
Jawahar Lal Nehru Marg
Jaipur – 302017
☎ +91-141-2702899
Fax: +91-141-2702021

I _____ wish to donate a sum of Rs. _____
Name of Benefactor/Sponsor

(Rupees _____) to your trust:

Additional Information:

1. Name of the Donor: _____

2. Address:

(Street, Plot)

(City)

(State)

(Postal Code)

We thank you for your support.

Your contribution is tax-deductible.

To reduce administrative costs, your gift will be processed at a central facility.