

DONATION FORM

(For under privileged Thalassemic Child)

Your support can help a thalassemic child live a fulfilling life. Child sponsorship is a relationship between you and the child. Your gift provides the child a better future.

- Rs. 550/- for a Single Unit Blood Filter.
- Rs. 1200/- for a Single Blood Transfusion per patient per month.
- Rs. 2000/- for Kelfer (an oral pill) per patient per month.
- Rs. 5000/- for Desferal (injection) per patient per month.
- Rs. 5000/- for Asunra per patient per month.
- Rs. 2000/- for Desirox per patient per month.
- Rs. 6500/- for Complete medical care per patient per month.
- Rs. 12000/- for Infusion Pump (for iron chelation)
- Rs. 60,000/- for complete Medical care per patient per year.

Enclosed is my Cheque / DD No. _____ favouring

Thalasseemics India, dated _____ drawn on _____

- I would be informed about the child who will be receiving help on my behalf.
 - I would like to receive society's news/updates letter only once where my contribution is highlighted..
 - I would like to be the member of your society in order to be a regular donor.
 - I would like to subscribe to the "Thalassemia Update" news letter of the society
- Cheque of Rs 251/- (annual Subscription) to be drawn in favour of Thalasseemics India .

Name of the Donor _____

Company's name _____

(If the receipt is to be issued on company's name)

Mailing Address _____

Phone no. (O) _____ (R) _____ Fax _____

Email : _____ Signature _____

ALL DONATIONS ARE EXEMPTED UNDER SECTION 80-G OF THE INCOME TAX ACT. 1961

Kindly mail this Donation Form along with Cheque / DD to
THALASSEMICS INDIA, A-9, Nizamuddin West, New Delhi – 110013, INDIA
For any other information kindly contact phone no. 24353871,41827334.