



Donation Form

When you contribute to Chronic Care Foundation (CCF), you make a significant and lasting impact on the lives of fellow Indians. We maximize the value of your support and multiply its effect through our professional management and organizational resources.

Chronic Care foundation welcomes donations through post by crossed Cheque or Demand Draft.

Your donation will pay for:

- Magic Show on Health for school children: Rs 5,000/- per show.
- Health Education program by medical practioner for slum dwellers: Rs 5,000/- per session.
- Health Education program by medical practioner for slum dwellers with medical screening for 50 people: Rs 15,000/- per session.
- Details of other initiatives can be provided on request.

Please complete this form and attach your cheque or draft and mail it to us at:

Chronic Care Foundation (CCF), R-39 (Ground Floor), South Extension Part-II, New Delhi-110049, India

Ph: +91 - 11 – 64530403, 46593991,

Email: ceo@chroniccareindia.org

Please find enclosed the sum of Rs. _____ Rupees _____

by Cash/Cheque/Draft No. _____ dated _____ drawn on _____

My contacts details are: *(we need this to send you a receipt for your contribution)*

Name: Mr./Ms/Messrs. _____

Name of Organisation: _____

Address: _____ Pin _____

Tel: _____ Email: _____

Signature: _____

Thank you for your generous support.



Please take a few moments to send us the names of friends who would be interested in supporting our cause.

Name: _____

Address: _____

Tel: _____ Mobile: _____

Email: _____

Name: _____

Address: _____

Tel: _____ Mobile: _____

Email: _____

Name: _____

Address: _____

Tel: _____ Mobile: _____

Email: _____