actionaid

ActionAid Association, Supporters Service Unit, #139, Richmond Road, Bangalore-560 025
Phone: +91-80-25586293, Website: www.actionaidindia.org, E-mail: fundindia@actionaid.org

Yes, I would like to Sponsor a Child.!

• **I would like to sponsor:** ☑ 10 Children ☐ 5 Children ☐ 3 Children ☐ 2 Children ☐ 1 Child ☐ Others .....

• **Payment Frequency** : ☐ ₹750/Month ☐ ₹2250/Quarterly ☐ ₹4500/Half Yearly ☐ ₹9000/Annually

Personal details to know you better

PLEASE COMPLETE IN BLOCK LETTERS

(Mr/Mrs/Ms) ..... *(Full Name)* Gender: ☐ Male ☐ Female ☐ Third gender

Address: .....

..... Pin. .....

Mobile: (Off.) ..... (Per.)..... Phone: (Off.) ..... (Res.). .....

e-mail: (Off.)..... (Per.) .....

Date of Birth: ...dd.../ ...mm.../ ...yy... PAN: ..... (to help issue 80G certificate)

Profession: ..... Company: .....

1. I prefer to make my gift by CHEQUE/DD

☐ ..... No. of post dated cheques for child sponsorship payable to **ActionAid Association.**

☐ My Cheque/DD for one-time donation of ₹ ..... payable to **ActionAid Association.**

Cheque/DD No.: ..... Dated :...../...../..... (Payable to **ActionAid Association).**

Drawee Bank: .....

Signature

2. I prefer to authorise donation payments through Direct Debits* from my bank account through AUTOMATED CLEARING HOUSE (ACH).

Please fill the below form to sign up for ACH and ensure an uninterupted support for your child.

**Direct Debit will start in the next available month*

---

actionaid UMRN ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Date ☐☐ ☐☐ ☐☐ ☐☐

Sponsor Bank Code ☐☐☐☐☐☐☐☐☐☐ Utility Code ☐☐☐☐☐☐☐☐☐☐

(Tick ✓)

Create	☐
Modify	☐
Cancel	☐

I/We here by authorise ActionAid Association

To Debit (tick ✓) SB / CA / CC / SB-NRE / SB-NRO / Others

Bank A/C No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

With Bank ☐☐☐☐☐☐☐☐☐☐ IFSC ☐☐☐☐☐☐☐☐☐☐☐ OR MICR ☐☐☐☐☐☐☐☐☐☐☐

An Amount of Rupees ☐☐☐☐☐☐☐☐☐☐ ₹ ☐☐☐☐☐☐☐☐☐☐

Frequency ☐ Mthly ☐ Qtly ☐ H-Yrly ☐ Yrly ☐ As & When Presented Debit Type ☐ Fixed Amount ☐ Maximum Amount

Reference 1 ☐☐☐☐☐☐☐☐☐☐ Phone No. ☐☐☐☐☐☐☐☐☐☐

Reference 2 ☐☐☐☐☐☐☐☐☐☐ E-mail ID ☐☐☐☐☐☐☐☐☐☐

- I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank

Period
From ☐☐ ☐☐ ☐☐☐☐
To ☐☐ ☐☐ ☐☐☐☐
Or ☐ Until Cancelled

Signature Primary Account Holder — 1. Name as in Bank Records

Signature Account Holder — 2. Name as in Bank Records

Signature Account Holder — 3. Name as in Bank Records

- This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/ Corporate to debit my account.
- I have understood that I am authorized to cancel/ amend this mandate by appropriately communicating the cancellation/ amendment request to the user entity/ corporate or the bank where I have authorized the debit.

Contribution to ActionAid Association is exempted from Tax under Section 80G of Income Tax Act 1961. Attn: CASH Donation are NOT Accepted