



SmileTrain
Changing The World One Smile At A Time.

Donation Form

Donor Details

Donor's Name (as it appears on the PAN Card) _____

Donor's PAN: _____

Postal address: _____

City: _____ State: _____ Pin Code: _____

Mobile number: _____

Landline number with STD code: _____

E-mail address: _____

Donation Details

Amount: _____

Cheque or DD number: _____ Date: _____ Bank: _____

Mode of payment:

- Direct deposit, deposit slip is enclosed
 Cheque or demand draft is enclosed

I would like this to be a:

- General donation
 Specific donation for sponsoring cleft surgeries only at: _____
_____ (please specify city, state or a particular hospital if you wish)

Please mail me a receipt:

- Yes
 No

Signature: _____

Mail to:

Smile Train India
S 240 Panchsheel Park
New Delhi 110 017
Tel: (011) 2601-3648