

Form No. :

PAN No. : AAATC4960B



ChildFund India

ChildFund India, part of ChildFund International, is a leading child development organization that has been representing the voices of underserved children in the country since 1951. Through its unique programs, ChildFund India provides comprehensive support to children from their conception until they reach 24 years of age, with a vision of an India where children lead a dignified life and achieve their full potential.

If you are willing to support us in changing lives and building a better future for our younger generation, kindly provide the below information.

Yes,
I want to build a healthy nation with healthy children
I want to support our future generation to be educated and confident
I want to empower youth as responsible, skilled and involved

By supporting: 1 child 2 children 3 children 5 children 10 children

By donating: 650 per child every month 1950 per child every quarter 3900 per child every 6 months 7800 per child every year

Or

I would like to make a special donation of (Minimum of Rs. 300/-) to be utilized to provide children with nutrition, education, and to meet their other basic needs.

Here are my personal details: (IN BLOCK LETTERS)

*Name (Mr/Ms):

*Home Address:

.....

Gender

Male

Female

Other

* Mandatory fields

I would prefer to make my donation through:

OPTION 1: NATIONAL AUTOMATED CLEARING HOUSE (NACH)

ChildFund India

UMRN

UMRN input field

Date

Date input field

Tick (✓)

CREATE
MODIFY
CANCEL

Sponsor Bank Code

Utility Code

I/We hereby authorize

Name of Utility/Biller/Bank/Company

to debit (tick✓)

SB /CA /CC /SB-NRE /SB-NRO /Other

Bank a/c number

with Bank

Name of customers 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

Email 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

Form for From, To, Or, and Until Canceled

Signature Primary Account holder

Signature of Account holder

Signature of Account holder

1. Name as in bank records 2. Name as in bank records 3. Name as in bank records

Disclaimer:

- 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.

