

Education for All

Opportunities for All

Justice for All



ACT



Charity Non-Violence Peace Dreams

AJK CHARITABLE TRUST

Regd.No : 74/BKIV/2011 Under the Indian Trusts Act 1882

Regd.off. : # 7-4-56/3, Ganganammamet, TENALI, Guntur Dist. - 522 201

Ph.No & Fax : 08644 - 228339, Cell : 9491336007, 9346304515

www.actvision.in

e-mail:actvision@ymail.com

CONCEPT:"PAY BACK TO SOCIETY"

MISSION:"EDUCATION & HEALTH FOR SOCIETY"

VISION : "TO SEE THE DEVELOPED SOCIETY"

Your Contribution faithful

help to our Society

DONOR APPLICATION

1. Name of the Donor : _____ (B.G)
2. Date of Birth : _____
3. Designation : _____
4. Office Address : _____
: _____
: _____
5. Residential Address : _____
: _____
: _____
6. Phone Number : (O) _____ (R) _____
Mobile : _____
7. Native Place Address : _____
: _____
: _____
8. Family Details (a) Spouse : _____
(b) Childrens : _____
9. E-mail Id : _____
10. I Would like to be a Donor : Yes / No

(if yes Please Select one of the following)

1. Bronze Donor

(Rs. 1,000/- per year)

3. Gold Donor

(Rs. 5,000/- per year)

5. Platinum Donor

(Rs. 25,000/- per year)

2. Silver Donor

(Rs. 2000/- per year)

4. Diamond Donor

(Rs. 10,000/- per year)

6. Life Donor (ACT AMBASSADOR)

(Rs. 1,00,000/-)

11. I am Interested to participate in the following activities :

- 1.
- 2.
- 3.

I Assure that :

1. I will share a little amount of benefit out of what was given to me and is being enjoyed by me to the needy brethren of my Society.
2. I will take this Noble cause a head to reach to all my brethren. In case I am not able to take it I will leave it there with out any comment on Trust.

I hereby declare and agree to express my solidarity whole- heartedly to the trust. and also abide by the rules and regulations stipulated by the committee from time to time.

Introduced By: *“Help Ourselves and Do Help to Our Society”*

Name, Address & Phone No.

Signature of the Donor

Please mention the name and addresses of some like minded colleagues, friends and relatives.

1. Name, Address & Phone No.

2. Name, Address & Phone No.

3. Name, Address & Phone No.

4. Name, Address & Phone No.

FOR OFFICE USE

Cash / Cheque/DD Number.....in favour of **AJK CHARITABLE TRUST (ACT)** paybel at

TENALI. Amount.....Date.....Bank.....Branch.....

Permanent Donor Number Allotted:.....

Authorised Signature