DONATION FORM

Date:.....

The Secretary,
Thuravoor Mahaskhethra Somayaga Nirvahana Samithy
Thuravoor P O, Cherthala
Alappuzha. Kerala.

Yes. I / we wish to make a donation to the Samithi.

AMOUNT

In figures Rs.

In words

PURPOSE : (Please tick the appropriate square)

	Renovation / development activities of the Samithi.		
	Vaisakhotsavam		Somayagam

I am / We are sending the above amount by crossed cheque / demand draft in favour of Turavoor Devaswom Bhakthajana Samithi, as per the following details:

MODE OF PAYMENT :

Cheque No.

DD No.

Date:

DD	MM	YY

Bank:

Payable at:

Name of Donor:

Address:

Telephone : (Res.)

Telephone : (Off.)

E-mail: