



ASIAN CANCER FOUNDATION
DONATION FORM
Contribute to fight cancer

(Cheques/ Drafts should be drawn in favour of Asian Cancer Foundation)

Name _____

Address _____

City _____ PIN _____

Tel _____ Mob: _____

Email: _____

Amount in figures Rs. _____

In words Rs. _____

Cash / cheque _____

Cheque / DD No. _____

Drawn on _____

My contribution may be used towards the corpus of the Foundation.

Signature _____

PAN No. _____

(Mandatory for donations above Rs. 20,000/-)

*** Donations are exempted from Income Tax under Sec 80 G of the IT Act 1961.**

Encl.: a) PAN Card Xerox b) Cheque/DD

K. J. Somaiya Hospital Campus, Gr Flr. Extn. Bldg, Off Eastern Express Highway
Behind Everard Nagar, Sion (E), Mumbai-400022.