



I would like to Support and contribute to the CHILDLINE Service

Name: Mr. /Ms./ Dr.
First name Last Name

Address: _____
Pin _____ **City** _____ **State** _____
Country _____

Name of Organization / Office: _____
Landline: _____ **Mobile:** _____ **E-mail address:** _____

I would like to pay in : Rupees / Euro/ US \$ / Canadian \$ / Australian \$ / Pounds / Yen/ ____ I enclose a:

Personal Cheque Bankers Cheque/Demand Draft Postal Order

Cheque/ DD number: **Bank** **Branch**

Other Details if any

PAN No: (Required for a 35AC certificate)

Kindly select the preferred option/s for the use of money donated by you

Details	Amount (Rs) * No.	Total
Leave it to CIF, to decide the best way to use the money for helping children in distress	500 * -----	
Responding to children in distress	530 * -----	
Sensitization & Awareness Programs including: Media campaigns, workshops, children's meets and capacity building initiatives,	1000 * -----	
Children's emergency & rehabilitation fund	1000 * -----	
Infrastructure setup	5000 * -----	
Corpus Fund	5000 * -----	
City Street Children's Events in CHILDLINE Cities	1000 * -----	
Child Sexual Abuse Awareness Initiative, Mumbai	1000 * -----	

You are entitled to a tax benefit of (Tax Exemption applicable for Indian Citizens only) of:
50%(Sec 80G) for a contribution below Rs 2000/- and
100% (Sec 35 AC) for a contribution of Rs 2000 and above (PAN required)

Signature _____ Date _____

The information provided by you is strictly confidential.

Any contribution made by you helps us reach out to children in need of care and protection. To receive a copy of our Newsletter please click here E-Newsletter Newsletter