



***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: \_\_\_\_\_  
Phone: Mobile \_\_\_\_\_ Office \_\_\_\_\_ Landline \_\_\_\_\_  
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

*(Valid for donors residing in India)*

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 set up	5000 * -----	
Corpus Fund	5000 * -----	
City Street Children's Events in CHILDLINE Cities	1000 * -----	

**You are entitled to a tax exemption of:**

**50% (sec80G) for a contribution below Rs. 5000/- and  
100% (sec 35AC) for a contribution above Rs. 5000/-**

Signature \_\_\_\_\_ Date \_\_\_\_\_

*The information provided by you is strictly confidential.  
It will not be shared with any other organization.*

**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**