

Donation Form

Name: _____
Address: _____
_____ Ph. No.: _____
Mobile: _____
PAN No. _____

I wish to donate to GLOBAL CANCER CONCERN INDIA

1. Detection camp; Rs..... (Cost per person Rs. 500/-)
2. Vocational training to dependent; Rs..... Cost of 3 months course Rs. 8000/- & Cost 6 months course Rs. 15000/-
3. To relieve pain Rs..... (Cost Rs. 1000/- per month per patient)
4. Home care Rs..... (Cost Rs.2000/per patient per month)
5. Keeping Cancer Patients Child in school Rs. . . .
(Cost Rs. 8400/- per child per year)

Inscribe cheque in favour of "GLOBAL CANCER CONCERN INDIA".

Cheque/DD No.:

Date.....Bank.....Branch.....

Or charge my Credit Card No.....

Date of Validity:(Master/Visa Card Only)

ABOVE DONATIONS TO GCCI ARE 100% TAX EXEMPTED UNDER SECTION 35 AC AND 80 GGA OF INCOME TAX ACT 1961