

MATA JARNAIL KAUR MEMORIAL CORPUS FUND SCHOLARSHIP SCHEME

Corpus Fund Contribution Form for Individuals

Mata Jarnail Kaur Memorial Corpus Fund Contribution Form

Personal Information:

FULL NAME

DATE OF BIRTH: ____ / ____ / ____

GENDER: Male Female Other

CONTACT NUMBER: _____

EMAIL ADDRESS: _____

PERMANENT ADDRESS: _____

Contribution Details:

AMOUNT CONTRIBUTING: _____

MODE OF CONTRIBUTION: Cheque Bank Transfer Cash

CHEQUE NO. (If Applicable): _____

Acknowledgment:

I WOULD LIKE TO REMAIN ANONYMOUS IN THIS CONTRIBUTION: YES NO

IF NOT ANONYMOUS, PLEASE SPECIFY HOW YOU WOULD LIKE TO BE ACKNOWLEDGED
(E.G., NAME ON WEBSITE, NEWSLETTER, PLAQUE, EVENT): _____

Declaration:

I hereby declare that the above information is true and that my contribution will be used for the purpose of the Mata Jarnail Kaur Memorial Corpus Fund.

Signature: _____

Date: _____