

MATA JARNAIL KAUR MEMORIAL CORPUS FUND SCHOLARSHIP SCHEME

Corpus Fund Contribution Form for Organizations/NGOs

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Organization Information:

ORGANIZATION NAME: _____

CONTACT PERSON: _____

DESIGNATION: _____

CONTACT NUMBER: _____

EMAIL ADDRESS: _____

ORGANIZATION ADDRESS: _____

Contribution Details:

AMOUNT CONTRIBUTING: _____

MODE OF CONTRIBUTION: One-Time Annual Other _____

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:

We hereby declare that the above information is accurate and that our contribution will be used for the purpose of the Mata Jarnail Kaur Memorial Corpus Fund

Signature: _____

Date: _____