

Donation Form

First Name _____ Last Name _____

Company _____

Address _____

State _____ City _____ Pin Code _____

Contact No: _____ E-mail ID _____

I would like to designate this as a General Donation Specific Donation (please specify) _____

Select One:

Check: Amount: _____ Check No. _____ Date: _____

Credit Card: Visa MC AmEx
Amount: _____ Card No.: _____

_____ Exp. Date: _____

Signature: _____

Please mail this form and payment to:
Pratham India Education Initiative
Y B Chavan Centre
Gen J. Bhosale Marg
Nariman Point
Mumbai, Maharashtra - 400021
Phone: 022-22819561