

## DONATION FORM

Account Number .....  
Amount .....  
Bank Name .....  
Branch .....

### My personal details: (for receiving a formal receipt)

Full Name: .....  
Address: .....  
.....  
State: .....  
Country: .....  
Postal Code: .....  
Phone: .....  
Email: .....  
Date of Birth: .....  
PAN No.: .....

I am law abiding Indian National and do not belong to any Political Party.

Signature

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Kindly fill this form and post this to ADR at:

**Association for Democratic Reforms, "Kiwanis Centre", 4<sup>th</sup> Floor, B-35, Qutub  
Institutional Area (Near Rockland Hospital), New Delhi-110 016**

Or

Email at [adr@adrindia.org](mailto:adr@adrindia.org)