

**DONATE & SAVE LIVES – Join the fight against Cancer. Please draw a cheque in favour of JASCAP**

Contact Information

Name :

Address:

Telephone: (Resi)..... Mobile .....

**Gift Type** - A gift to honor or remember a loved one.

**Where would you like to designate your gift?**

Where it is needed most

Any specific cause

Any specific type of cancer

Towards treatment of any specific person

**MODE OF DONATION - Nature of contribution : Monthly / Quarterly / Half yearly / Annually**

**Details of Bank**

**Bank Name : State Bank of Hyderabad Branch:Kalina**

**Account No.: 0000052018993333**

**In case of contribution from outside India (our FCRA Registration No. 083781278)**

**Account No.: 0000052018993344**

**Payment through credit card ;**