

# KAANAL

I pledge my support to the KAANAL to light up a needy person life

My Donation Details: Please Tick the boxes you wish to donate

<input type="checkbox"/>	Rs 5,000 CATRACT Surgery one patient
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<input type="checkbox"/>	RS 25,000 One Outdoor camp
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<input type="checkbox"/>	Rs 20,000 One Major Surgery one patient
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<input type="checkbox"/>	Rs 80,000 Cataract Surgery/one patient/15 Years
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<input type="checkbox"/>	Rs 1,50,000 30 Cataract Surgeries on One Day
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Receipt to be issued in the

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

PAN Number: \_\_\_\_\_

Rs (in numbers) \_\_\_\_\_

Rs (in words) \_\_\_\_\_

Cheque/Draft/ NEFT No \_\_\_\_\_ Date \_\_\_\_\_

Drawn on \_\_\_\_\_ ; My Mobile No \_\_\_\_\_

Signature \_\_\_\_\_

Email scanned copy to kaanalkeh@gmail.com

"KAANAL" CITY UNION BANK, KARAIKUDI A/C No: 510909010057224 IFSC: CIUB0000050
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