|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Name | | |  | | | | | |
| Last Name | | |  | | | | | |
| Address | | |  | | | | | |
| City/State/Zip | | |  | | | | | |
| Home Phone | | |  | | | | Cell Phone |  |
| Email | | |  | | | | | |
|  | | | | | | | | |
| Donation Amount | | | | | | INR | | |
| I would like my donation applied toward: | | | | | | | | |
| □ | | Institutional Donation | | | | | | |
| □ | | Contribution towards education or livelihood training of young girls | | | | | | |
| □ | | Assistance towards paying monthly stipend to Peer Leaders working at the grassroots | | | | | | |
| □ | | Helping us to purchase training equipment/educational materials for trainings | | | | | | |
| □ | | Supporting travel fare/course fee of young grassroots leaders to attend trainings | | | | | | |
|  | | | | |  | | | |
|  | | | | | | | | |
| Organization Name (If applicable) | | | |  | | | | |
| Address & Phn No. | | |  | | | | | |
| □ | Please keep my donation confidential | | | | | | | |

Latter Head Addres.jpgPayment can be made vide Cheque / Bank Transfer. Kindly fill up the form and send it to [sohini\_talashsociety@yahoo.co.in](mailto:sohini_talashsociety@yahoo.co.in).