



# *Handicapped Care Foundation*

H-342, NEW RAJINDER NAGAR, NEW DELHI -110060  
TEL/FAX -91- 011-28742155

I wish to donate and enclose herewith Cheque/Demand Draft No. \_\_\_\_\_ dated. \_\_\_\_\_ for Rs. \_\_\_\_\_ to be utilized for the welfare of differently abled children and adults at Handicapped Care Foundation.

I wish to donate and enclose herewith Cheque/Demand Draft No. \_\_\_\_\_ dated. \_\_\_\_\_ for Rs. \_\_\_\_\_ towards Sponsorship as adoption of one child a \_\_\_\_\_ children at Handicapped Care Foundation to their education & training.

I wish to donate annually/bi-annually Rupees \_\_\_\_\_ for a period of \_\_\_\_\_ years by Cheque/Demand Draft No. \_\_\_\_\_ dated. \_\_\_\_\_ for Rs. \_\_\_\_\_ commencing with the year \_\_\_\_\_ towards Equipment/Diagnostic Clinic/Vocational Training Programme at Handicapped Care Foundation.

**All contributions are tax/exempt under clause 80G of the IT Act 1961.**

Please enclose your Cheque/Demand Draft payable to 'Handicapped Care Foundation' and send it to Handicapped Care Foundation, H-342, New Rajinder Nagar, New Delhi 110 060.