

DONOR FORM

Donor's name	
Address	
Phone (landline): Phone (cell): Email:	
Category of donation (Pl. tick)	<input type="radio"/> Life Patron <input type="radio"/> Chief Patron <input type="radio"/> Executive Patron <input type="radio"/> Main Promoter <input type="radio"/> Associate Promoter <input type="radio"/> Co-promoter <input type="radio"/> Donor <input type="radio"/> Research Projects
Scholarship to be named as	
Contribution details: Payment in favour of: <div style="text-align: right;">Am</div> Amount in figures: <div style="text-align: right;">Am</div> Amount in words: <div style="text-align: right;">Ch</div> Cheque/DD No & Date: Drawn on Bank/Branch:	Krishi Vidya Nirantara, Bangalore

Any other information	
Date, Seal and Signature	