



SAINIK WELFARE ORGANISATION-INDIA

409, Block-C, Veer Awas, Sector-18A,
Dwarka, New Delhi-110078

Please Affix
Passport
Size
Photograph

Donor's Serial No: _____ Date: _____
(To be allotted by SWO-INDIA)

**SAINIK WELFARE CHARITABLE FUND
DONATION FORM**
(Form to be filled in block capital letters only)

Personal Particulars

- 1. Name Rank
- 2. Father's/Husband's Name
- 3. Mailing Address
- 4. Permanent Address
- 5. Mobile/Landline Number
- 6. Email
- 7. PAN No Date of Birth

Declaration

- 8. I, hereby voluntarily donate Rs. a sum of rupees
 to "SAINIK WELFARE CHARITABLE FUND"
to be utilized for the purpose of charity for the soldiers and their families vide
cheque/DD No. of (Bank) Dated

Option for Utilization of Donation

- 9. Donation may please be utilized only for the purpose stated below:

- OR**
- 10. Donation may please be utilized for charity at the discretion of the Governing body.

(Signatures of Donor) _____ Date:

FOR USE BY ACCOUNTS SECTION ONLY

Donation amount correctly received. Receipt Number issued _____

Date _____

(Signatures of Accountant)