



SOLACE MISSION

Reg. No. IV 144 / 13

Anaswara, T.C. 16/502(1), Thycaud P.O., Jagathy, Thiruvananthapuram - 14

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APPLICATION FOR CONTRIBUTION

Date: _____

Name:

Age: Date of Birth:

Address :

PIN Code : Country :

Contact No :

e-mail :

Mode of Contribution : Cheque DD Online* Cheque / DD No.

Bank Date

Amount in Words : Amount

*Account No. of Solace Mission : 067259118320 Bank : SBT, Vazhuthacaud, IFSC Code : SBTR0000033

Nature of contribution : Monthly Quarterly Half-Yearly Annually One Time

Category of support : Health Education

I wish to donate on every
(here mention your preference like Birthday, Wedding Day etc.)

Signature

Do you have any objection in publishing the details of your contribution : Yes No

For office Use only

Mr. / Mrs. / Ms.

is registered as a contributor bearing No..... of Solace Mission to support

.....for his / her Health and / or Education needs and he / she agrees to make the contribution(Monthly / Quarterly / Half Yearly / Annually / One time.

Date.....

President