



## MAIL-IN DONATION FORM

Your gift to the Tata Medical Center will make a difference to the lives of those who would otherwise not be able to pay for care and treatment. You can choose to donate either for patient care (amount will be used for treatment of patients) or for infrastructure (expansion of our services) development. Please print this form and complete the following information. Please note that the information marked with a \* is mandatory.

### Donor Details:

Mr./Mrs./Ms./Miss\*: \_\_\_\_\_

Address\*: \_\_\_\_\_

City, Postal Code\*: \_\_\_\_\_

Contact Number\*: \_\_\_\_\_ PAN Number\*: \_\_\_\_\_

E-mail: \_\_\_\_\_

**DONATION AMOUNT\*:** \_\_\_\_\_

Cheque No\*: \_\_\_\_\_ Bank\*: \_\_\_\_\_ Cheque Date\*: \_\_\_\_\_

**Please indicate how you would like us to use the donated amount (please choose any one option)\*.**

Patient Care       Infrastructure Development

**In case you would like to dedicate the donation in honour / memory of a special person, please give us details about the person.**

Name: \_\_\_\_\_

Donor's relationship to the special person: \_\_\_\_\_

Occasion, if any: \_\_\_\_\_

Your Message about the Special Person: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please send this completed form and your cheque (payable to Tata Medical Centre Trust) to **Tata Medical Center, 14 Major Arterial Road (E-W), Newtown, Rajarhat, Kolkata 700 156, India.** In case of any queries or difficulties, please contact the Program Manager on +91 33 66057658, or write to [info@tmckolkata.com](mailto:info@tmckolkata.com).

**THANK YOU FOR YOUR SUPPORT**