


Gift a smile 

Yes!

I would like to join hands with you to support 'Gift a smile' campaign.

Please find enclosed my donation made payable to Global Hospital & Research Centre .

(Please tick as applicable)

Rs. 2,000 Rs. 5,000 Rs. 10,000 Rs. 50,000 Rs. 1,00,000

Rs. _____ (your own amount)

I wish to make my donation by (please tick as applicable)

Cheque/DD no. _____ drawn on _____ (name of bank)

favouring 'Global Hospital & Research Centre a/c Donation'

Credit Card Master Card Visa American Express Diners Club

Name of the card-holder _____

Date of Birth | | | | | | | |

date month year

Postal Address _____

Card No. | | | | | | | | | | | | | |

Expiry Date: | | | | | | | |

month year

Signature: _____

NOTE: Along with this completed form, kindly mail us a photocopy of the front of your credit card.