



India Foundation

for children Education and Care

First Name : _____

Last Name : _____

Address : _____

Email : _____

Contact Number : _____

City : _____

State : _____

Country : _____

Enclosed is my contribution of : \$20 \$30 \$60 \$100 \$250 \$500 Others _____

\$_____ My donation is a one-time gift OR \$_____ My donation is a monthly contribution.

Kindly mail your check or money order and please don't send cash. Sorry, we are not ready to accept credit cards. Thank you.

Check here if your donation is made in honor of someone, and we'll send you a blank remembrance card.