

DONATION FORM
CONSUMERS' PROTECTION ASSOCIATION
DHALESWAR, ROAD NO 15, AGARTALA 799007, INDIA
WWW.INDIANCONSUMERS.ORG
CONNECTING CONSUMERS

NAME:.....

ADDRESS:

CITY:STATE:

COUNTRY:PIN / ZIP CODE:

E-MAIL:

PHONE NUMBER:

I WOULD LIKE TO SUPPORT THE CPA INDIA AS A

- PRIMARY MEMBER: Rs.100.00 (RUPEES ONE HUNDRED) ONLY
- SUPPORTER MINIMUM Rs. 10.00 (RUPEES TEN) ONLY
- DONOR Rs.5000.00 (RUPEES FIVE THOUSAND) AND ABOVE
- SPONSOR Rs. 1.00 (ONE LAKH) AND ABOVE

AMOUNT ENCLOSED: Rs.

BANK DRAFT / CHEQUE NO DATE:

NAME OF BANK AND BRANCH:

IN FAVOUR OF CONSUMERS' PROTECTION ASSOCIATION, PAYABLE AT AGARTALA
OR

SEND THE AMOUNT BY ELECTRONIC TRANSFER THROUGH ANY BRANCH OF BANK OF
BARODA

TO BANK OF BARODA, AGARTALA BRANCH
IN FAVOUR OF CONSUMERS' PROTECTION ASSOCIATION= CBS A/C NO
...10320100001028 (SB A/C NO 3299)

DONORS AND THE SPONSORS MAY PLEASE MENTION IF THE DONATION /
SPONSORSHIP IS IN MEMORY OF OR IN HONOUR OF SOMEONE SPECIAL. AND / OR
SOME SPECIFIC PROJECT / HUMANITARIAN SERVICE.

IN MEMORY OF

IN HONOUR OF

- **FOR THE PROJECT:**
 - **INDIANCONSUMERS.ORG WEBSITE (ONE OR MORE PAGES/ OTHER LANGUAGE)**
 - **CONSUMER INSTITUTE & CONSUMER EDUCATION**
 - **NATIONAL CONVENTION**
 - **HUMANITARIAN SERVICES**
 - **CLASS ACTION LITIGATION / PUBLIC INTEREST LITIGATION**
 - **OPENING OF OFFICE IN NEW DELHI / STATE CAPITAL.....**
 - **SURVEY / RESEARCH ON**
 - **ANY OTHER**

- **Please do not solicit**
- **Please do not list me in the donors' list.**
- **Please send me email infor donation/sponsorship** **SIGNATURE**

PLEASE SEND THIS FORM TOGETHER WITH YOUR ORIGINAL CHEQUE/ ORIGINAL DRAFT OR PHOTOCOPY OF BANK COUNTERFOIL IN CASE OF ELECTRONIC TRANSFER OF MONEY

TO:
 CONSUMERS' PROTECTION ASSOCIATION
 DHALESWAR ROAD NO 15
 AGARTALA 799007
 INDIA