



Lakshmi Pain and Palliative Care Trust

I wish to make a difference

Donations are tax deductible u/s 80G

Cheque / DD may be drawn in favour of:

Lakshmi Pain and Palliative Care Trust payable at Chennai.

I wish to sponsor

- Rs. 25000/-** towards ten days of patient care
- Rs. 5000/-** towards ten days requirement of morphine tablet
- Rs. 3000/-** towards ten days requirement of other medicines
- Rs. 2000/-** towards one day in-patient care
- Rs. 1000/-** or more every year on my birthday / any other occasion
- Any amount of your choice any time.

I would like to donate Rs. _____ /- on _____ (date and month).

I herewith enclose my donation of Rs. _____ by cash / cheque / DD

No. _____ dated _____ drawn on _____ bank.

Name: _____

Address: _____

Phone : _____ Mobile _____

E-mail: _____

Please send your donation to:

LAKSHMI PAIN AND PALLIATIVE CARE TRUST

'Koko House', 9, Harleys Road, Kilpauk, Chennai – 600010

Tel. 044-26411597 / 044-25322684

For any information, please contact us at 044-26411597 / 25322684 / lakshmipaincare@gmail.com