**Consent for Long Term Donor for OBSSA Foundation**

Date:

From:

To,

The Finance Officer

OBSSA Foundation

I,……………………………………………………………………….., Roll No. ………………….. (If Applicable) , have gone through the aims and objectives of OBSSA Foundation & to strengthen the same, I wish to become a Long Term Donor to OBSSA Foundation.

* I consent to donate Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Minimum Rs. 25,000) every year towards the unrestricted funds in OBSSA.
* I consent to regularly donate the above amount every year for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Minimum 5 Years).

To ensure that the funds are donated regularly:

* I have given Standing Instructions to that effect in the Bank where I hold account and the details are as under:

Name of the Bank:

Branch Address:

Account No.

IFSC:

* I permit OBSSA Foundation to raise ECS from the above account.

**My details are as under:**

Full Name:

Roll No. (If Applicable) Contact No.

Occupation:

Address:

E Mail Id.:

Wishing OBSSA Foundation a success.

Signature

Instructions:

1. Please take a print out and fill in all the details, sign, scan and send this document to info@ahan.org.in
2. Please send your PAN card and Aadhar card copies to ensure receipt.