

FORM 3A

DONATION TO BSMF CHARITY FUND

Ref: F-3A:# _____ to be entered by office Date: _____

In case of any difficulty in completing this FORM, plz contact our office for help.

DONOR's Name: _____, PAN #: _____

Cell #: (to registered in System as ID): _____ Email: (to be registered in System as ID): _____

BALDEV SHARMA MARSHALLS FOUNDATION



A REGISTERED TRUST (Registration#: E-32065 (MUM)

*Donation to BSMF is subject to 80G Income Tax Benefit.

Office: 8B, Shiv sagar Road # 5, Shivaji Park, Mumbai 400 016.

Tel: 02231810312, 96644 56303. (for SMS & WhatsApp only).

Website: www.bsmarshallsfoundation.org

Email: chairman@marshallsindia.com

1 DONOR's Contribution to "BSMF-CHARITY FUND" in following Category:-

- a. "BSMF CHARITY FUND".
- b. SARVE SUKHINA DAAN (SS-DAAN)
- c. "AAYUSHDAAN".
- d. "MEMORIAL DAAN":
- e. "BSMF CORPUS FUND".
- f. "BSMF EARMARKED CORPUS FUND".
- G. MARSHALLS CUSTOMER'S DONATION(MCD)
- g. OTHERS: _____

2 Donation Details: Amount:Rs: _____, (Rupees: _____)

- a. Mode of Payment: By Cash, By Cheque*, By RTGS/NEFT**, Digital -Transfer*.
- b. * Plz provide details: _____
- c. **BSMF Bank details: Account Name: **Baldev Sharma Marshalls Foundation: Bank Of Baroda, Shivaji..**
Park Branch, Mumbai 400 016, Account Type: SB. Account #: 04150100024673, IFSC code: BARBOSHIBOM.
- d. Donation earmarked for specific Purpose: No, Yes: _____
- e. Remarks: _____

3 DONOR's Details:

- a. Profession: _____ Date of Birth: _____
- b. Donor's Classification: Individual, Social-Activist, Group, NGO, Others _____
- c. Ph. Landline-1: _____ Landline-2: _____
- e. Home address: _____ Pin Code _____

Remarks: _____

Signature of DONOR