

**Donation Form**

This form is the PISA USA application for approval of donation to a targeted charity.

**Donor Information**

**Donor Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Donation Amount:** \$ \_\_\_\_\_ (\$500.00 Minimum donation by Individual/Group)

**Charity Information**

**Name of Designated Charity:** Madurai Health and Leprosy Relief Centre

**Address:** 12/10, Sister Rose 2<sup>nd</sup> Street, Melaponnagaram, PIN - 625 016.

**City:** Madurai **State:** Tamil Nadu **Country:** INDIA

**Telephone Number:** 91 452 2360159 **E-mail:** humanhealthserve@rediffmail.com

**Name of Donor:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_