

DONATION PLEDGE FORM

CENTRE FOR DEVELOPMENT OF SOCIAL SERVICES

For Individuals Donors			
Full Name			
CNIC Number			
For Corporate Donors			
Company / Institution			
Authorized Person			
Designation			
Contact Information			
Contact Number			
Street Address			
Zip Code			
City & Country			
Email Address			
Donation Details			
Commitment	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually
Cheque Number	Currency		
Comments (if any)			

Signature _____

Date _____

CENTRE FOR DEVELOPMENT OF SOCIAL SERVICES

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