

Volunteer Support Initiative

A Name: _____
Address: _____

Profession: _____ Age: _____
Telephone No: _____
Email Address: _____

B I would like to receive regular information updates

C **Thank you for this opportunity.** I would like to help in spreading hope and smiles by:

(Please check off which areas in which you would like to support TLM)

- Providing my professional services.
- Advocating, promoting and publicising the activities of TLM
- Volunteering to raise support / carrying out TLM's activities
- A Financial Contribution
- Gifts
- Any Other support

D I would like someone from The Mission to contact me? Yes No

E I would you like more information on How I Can Help

F I am making a donation of Currency Value..... by

Cheque Demand Draft Postal Order

Cheques/Bank Drafts may be made in favour of **"The Leprosy Mission Trust India."**

(Donations from within India to The Leprosy Mission are exempt from Income Tax under section 80G & 35 AC of the Income Tax Act.)

Please forward your cheque or gifts, with this form, to **The Head FR, The Leprosy Mission Trust India, C 85 Inderpuri, New Delhi – 110 012. India.**

G Any specific issue – that The Leprosy Mission could pray for you

