

Donation to Sakya Centre

Date: _____

Purpose of donation

- Charitable Donation
- Education—Academy
- Education—Institute
- Medical—General
- Medical—Hospital

Currency: _____ Amount: _____

Donor Details

Name: _____

Address: _____

Phone Number: _____

Email ID: _____

PAN Number (if any): _____

Nationality: _____ Passport Number: _____

Thank you.