



MEMBERSHIP FORM

Date : _____

Name : _____ Date Of Birth : _____

Company : _____

Address : _____

_____ City _____ Pin _____

Tel(R./O.) _____ Cell _____ Fax/E-mail _____

Occupation : _____

I would like to be a member of Mumbai Kidney Foundation.

I am sending cash/draft/cheque of Rs. _____ Drawn on _____

Date _____

Life membership : **Rs. 100/-**

Corporate Membership : **Rs. 50000/-**

Signature

INCOME-TAX EXEMPTION CERTIFICATE UNDER SEC. 80 G AVAILABLE.

MEMBERSHIP offers these benefits :

Subsidy in dialysis at specific dialysis centres.

Medicines and Injections at subsidized rates.

Blood Donor cards.

Scholarships for children.

School books,bag,raincoat for children.

Free foodgrains thrice a year.

Participation in seminars & patient-doctor interaction programs.

Free subscription of News Magazine.

Free invitation to annual joint social.

Rehabilitation sponsorship.

Assistance and guidance in collecting funds for Renal Transplant.

Subsidy in post transplant medicines.



Please
affix
postage

From :

Name : _____

Date Of Birth : _____ Phone : _____

Address : _____

City/State/Zip : _____

E-mail : _____

To,
Mumbai Kidney Foundation
111 C, Lancelot, Opp. Shastri Nagar,
S.V. Road, Borivali (W), Mumbai - 400 092.
Tel. : 28016266/28626854/28012783