

Parkinson's Disease and Movement Disorder Society

Donation Form

Support our work

Your personal details (Please complete in black ink using BLOCK CAPITALS)

1. Full Name: _____

2. Full Address with Pincode:

3. Contact Number: _____

4. PAN Card Number: _____

5. Receipt to be made in the name of _____

6. Cheque Details:

Number: _____

Bank Name and Branch: _____

Date of issue: _____

- Please accept _____ (amount) as donation towards the general fund of the PDMDS.
- Signature:
- Date:

