



# GYANODAY

## DONATION FORM : FINANCIAL YEAR: 2024-2025

### PART A : TO BE FILLED IN BY THE DONOR

I \_\_\_\_\_, w/o s/o d/o \_\_\_\_\_,

hereby extend my support to GYANODAY, in one or more of the following ways: (Please  Tick Relevant Box)

<u>SER</u>	<u>CODE</u>	<u>AS</u>	<u>WAY</u>	<u>AMOUNT (INR)</u>
1.	LOG	<input type="checkbox"/> LIFELINE OF GYANODAY	: Contribution towards the overall operations of Gyanoday.	: <b>10,00,000/- and above.</b>
2.	POG	<input type="checkbox"/> PATRON OF GYANODAY	: Contribution towards the overall operations of Gyanoday.	: <b>5,00,000/- to 10,00,000/-</b>
3.	BRG	<input type="checkbox"/> BEDROCK OF GYANODAY	: Contribution towards the overall operations of Gyanoday.	: <b>1,00,000/- to 5,00,000/-</b>
4.	BFG	<input type="checkbox"/> BENEFACTOR OF GYANODAY	: Sole Sponsorship of one Gyanoday Vatika, for one year/one course.	: <b>1,00,000/-</b>
5.	STG	<input type="checkbox"/> STEM OF GYANODAY	: Sole Sponsorship of one Gyanoday Vocational Training Centre, for one year.	: <b>60,000/-</b>
6.	FGG	<input type="checkbox"/> FOSTER GUARDIAN OF GYANODAY	: Scholarship of one Gyanoday Student, to a Formal School, for one year.	: <b>8,800/-</b>
7.	FOG	<input type="checkbox"/> FRIEND OF GYANODAY	: Sponsorship of one Student to a Gyanoday Vatika/ Vocational Training Centre for one year/one course.	: <b>6000/-</b>
8.	SOG	<input type="checkbox"/> STRENGTH OF GYANODAY	: Rendering significant non-monetary support to Gyanoday, in any capacity.	: <b>----</b>
9.	WWG	<input type="checkbox"/> WELL-WISHER OF GYANODAY		
<b>A. MONETARY</b> : Any amount exceeding Rs.100/-, but below Rs. 1,00,000/-, as general purpose donation.				
<b>B. IN KIND</b> : Donation of Books, Stationery, New Clothes, Toiletries, Medicines, etc. : <b>As Donated</b>				
10.	PLG	<input type="checkbox"/> PILLAR OF GYANODAY	: Monetary or in kind contribution towards any kind of Relief Work.	: <b>As Donated</b>

I hereby remit an amount of Rs. \_\_\_\_\_ Rupees \_\_\_\_\_/- only, vide CASH/RTGS/NEFT/CHEQUE/IMPS No. : \_\_\_\_\_, dated \_\_\_\_\_, of (Bank), \_\_\_\_\_ for the purpose stated above.

*SIGNATURE OF DONOR* : \_\_\_\_\_

*FULL NAME OF DONOR* : \_\_\_\_\_

*ADDRESS* : \_\_\_\_\_

*MOBILE NO.* : \_\_\_\_\_

*E-MAIL ID* : \_\_\_\_\_

*IT PAN* : \_\_\_\_\_

**PART B**  
**WORTHY OF GYANODAY DONOR'S KNOWLEDGE**

**A. FOR INDIAN DONORS**

1. YOUR KIND DONATION MAY KINDLY BE MADE VIA RTGS/NEFT/CHEQUES/IMPS ETC TO :  
NAME : GYANODAY C/O S. SEWA SINGH RAJINDER SINGH MEMORIAL CHARITABLE EDUCATIONAL TRUST  
ACCOUNT NO. : 085511100002263  
BANK : UNION BANK OF INDIA  
MAIN BRANCH, BEGUM BRIDGE ROAD, MEERUT - 250002, UP, INDIA IFSC CODE : UBIN0808555
2. THE DONOR'S INFORMATION AS REQUIRED IN PART A IS MANDATORY.
3. A FORMAL RECEIPT WILL BE GIVEN TO ALL DONORS, FOR THEIR KIND DONATIONS.
4. ALL DONATIONS TO GYANODAY ARE ELIGIBLE FOR DEDUCTION U/S 80G OF THE INCOME-TAX ACT,  
GRANTED BY CIT, VIDE UNIQUE REGISTRATION NO: AAETS1510RF20219, DATED 02-10-2021; UPTO ASSESSMENT YEAR 2026-27.
5. GYANODAY'S INCOME TAX PERMANENT ACCOUNT NUMBER IS : AAETS1510R AND TAN IS : AGRS16957D.
6. THIS FORM MAY KINDLY BE COMPLETED BY THE DONOR AND SENT BY EMAIL TO : [ed@gyanoday.org.in](mailto:ed@gyanoday.org.in)

**B. FOR OVERSEAS DONORS**

1. BEFORE REMITTING YOUR KIND DONATION, PLEASE WRITE TO THE EXECUTIVE DIRECTOR FOR PERTINENT GUIDELINE, ON THE EMAIL ID : [ed@gyanoday.org.in](mailto:ed@gyanoday.org.in)
2. PLEASE REMIT THE AMOUNT TO :  
S. SEWA SINGH RAJINDER SINGH MEMORIAL CHA  
ACCOUNT NO. : 40394049142  
BANK : FCRA CELL, 4<sup>TH</sup> FLOOR, STATE BANK OF INDIA, NEW DELHI MAIN BRANCH, 11 SANSAD MARG, NEW DELHI – 110001  
IFSC CODE : SBIN0000691  
SWIFT CODE : SBININBB104

ALL CORRESPONDENCE MAY KINDLY BE ADDRESSED TO :  
THE EXECUTIVE DIRECTOR  
GYANODAY  
@ BLOSSOMS SCHOOL  
BACHCHA PARK  
HAPUR ROAD  
MEERUT – 250001 (INDIA)  
M : 91-9837606572  
Email id : [ed@gyanoday.org.in](mailto:ed@gyanoday.org.in)

**PART C**

**FOR OFFICE USE ONLY**

- |                               |   |       |
|-------------------------------|---|-------|
| 1. RECEIPT NO.                | : | _____ |
| 2. DATE OF RECEIPT            | : | _____ |
| 3. DONATION CODE              | : | _____ |
| 4. SPONSORED ENTITY REFERENCE | : | _____ |
| 5. RECEIPT DESPATCHED ON      | : | _____ |
| 6. REMARKS                    | : | _____ |

\_\_\_\_\_  
FINANCE EXECUTIVE

\_\_\_\_\_  
HEADMISTRESS

\_\_\_\_\_  
EXECUTIVE  
DIRECTOR

\_\_\_\_\_  
FOUNDER