

Helping Hands

Medical Project Jadan India

THE TRUST PROVIDES MATERIAL AND NON-MATERIAL SUPPORT TO IMPROVE THE QUALITY AND AVAILABILITY OF HEALTHCARE IN RAJASTHAN, INDIA

THANKS TO YOUR DONATIONS, SUPPORT IS GIVEN FOR:

MEDICAL CARE FUND

- Building and equipping healthcare facilities
- Supporting the Sri Swami Madhavananda Austria Hospital, Jadan, Distr. Pali, Rajasthan, India
- Providing medical treatment for socially disadvantaged people and volunteers

MEDICAL EDUCATIONAL FUND

- Building and equipping educational facilities for healthcare workers
- Educating nurses and doctors
- Purchasing the necessary aids for education
- Supporting education in hygiene and healthcare for the wider population in Rajasthan

VOLUNTARY CONTRIBUTION

- Financial contribution: irregular or regular payment by standing order, at the bank Fio Banka, account number: 2100780912/2010, IBAN: CZ0420100000002100780912, BIC: FIOBCZPPXXX, the variable symbol: date of birth (DDMMYYYY) for payment identification.
- In case you wish to receive the donation agreement to claim a tax deduction please fill out the statement of contributor.

Please fill¹⁾:

My contribution

<input type="text"/>	Eur one-off payment	Name and Surname	<input type="text"/>
<input type="text"/>	Eur per month	To the account	<input type="text"/>
<input type="text"/>	Eur per annum	Variable symbol (date of birth) ²⁾	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> day month year

Other optional data:

Street, number	<input type="text"/>	City, country	<input type="text"/>
Profession ³⁾	<input type="text"/>	E-mail	<input type="text"/>
Phone	<input type="text"/>	Date	<input type="text"/>

Please send me regular information about the project⁴⁾

I consent to publication on the list of donors – name⁴⁾

– amount⁴⁾

¹⁾ Provided data will be processed according to Czech Law No 101/2000 Coll., Law on the Protection of Personal Data and on the Amendment of Certain Laws.

²⁾ Please give your date of birth in the format DDMMYYYY for the purpose of payment identification.

³⁾ Please state your current (or previous) occupation in order to determine the statistical indicators of support for health professions.

⁴⁾ Please write YES or NO.

Please send your completed statement to: nadacnifond@medicalcareindia.org

Web: www.medicalcareindia.org

YOUR SUPPORT HELPS SAVE LIVES