# G:\NG logo.PNG

**Naya Goreto Recovery Home**

**CHARITABLE MEMBERSHIP FORM**

DAO No: 142/060/061

SWC: 15201

PAN: 301635631

##  Click here to enter a date.

## Personal Information

Mr. Mrs. Ms. Minor

First Name:  Last Name: 

Address: 

Profession:  Nationality:  Date of Birth: 

Phone (Office):  Mobile: 

Res:  Email: 

## If Organization

Name of the Organization: 

Address: 

Contact Person:  Position: 

Phone (Office):  Ext:  Mobile: 

Fax:  Email: 

Res:  Website: 

Naya Goreto Member/Staff with whom you were in contact with: 

Yes, I would like to donate (Please Tick One)

Monetary Amount: 

I/Our Company would like to donate a Product/Service for the Recovery Home:

|  |  |  |
| --- | --- | --- |
| **Product Donation****(Please provide a detailed description)** | **Retail Value** | **Quantity** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

