***UMED PARIWAR***

**Flat No.4, Shanti Complex, Narpatgiri Chowk, New Mangalwar Peth,**

 **Pune – 411011 Ph. No. 26140456**

 **E-mail –** **info@umedpariwar.org** **Web: www.umedpariwar.org**

**80 G No.PN/CIT-IV/Tech/80G/85/2010-11 PAN – AAATU0197N**

**JEEYO HAZAARON SAAL (BIRTHDAY)**

Dear Sir /Madam,

We are glad to introduce **Umed Pariwar,** a Parents organization working for past 22 years relentlessly for the welfare and rehabilitation for those afflicted with Cerebral Palsy and Mental Handicap. In pursuit of making these individuals an integral part of our society, **Umed Pariwar** has slated a Residential Rehabilitation Plan. This project is named as **“Arvind Sourabh”** and it promises to provide best quality infrastructure facilities for the rehabilitation of these individuals with special needs. For the purpose of raising funds that will be utilized for the welfare of the residents, we hereby introduce a plan **“Jeeyo Hazaaron Saal (Birthday)”**.

 On your birthday, we earnestly request your support for this larger cause, by donating “100 times” of your age or any sum as per your wish. Kindly fill up the enclosed form and send it to us along with a cheque in favour of **‘UMED PARIWAR’.**

**Note: Donors will get benefit under Section 80G of I.T .**

Yours Faithfully,

Rajendra Nahar

‘BE A FRIEND OF ‘UMED PARIWAR’

**JEEYO HAZAARON SAAL (BIRTHDAY) Plan**

I WISH TO BE A PART OF ‘JEEYO HAZAARON SAAL ‘PLAN. MY FIRST CHEQUE OF RS. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ BANK \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CHQ.NO. \_\_\_\_\_\_\_\_\_\_\_ DATED \_\_\_\_\_\_\_\_\_\_\_ IS ENCLOSED. ON MY BIRTHDAY I PROMISE TO PAY 100 TIMES OF MY AGE \_\_\_\_\_\_\_\_\_\_ EVERY YEAR IN RS. \_\_\_\_\_\_\_\_\_\_\_\_\_TO UMED PARIWAR .

Photo

MY RESUME AS BELOW

FULL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AGE: \_\_\_\_\_\_ YEAR DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EDUCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FULL ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PIN: \_\_\_\_\_\_\_\_\_\_\_\_ DIST.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NO. OFFICE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RESIDENCE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MOBILE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE:

PLACE:

**NOTE : KINDLY ISSUE CHEQUE IN FAVOUR OF ‘UMED PARIWAR’**

BE A FRIEND OF ‘UMED PARIWAR’