

## Pledge Form

I would like to donate to Shaukat Khanum Memorial Cancer Hospital and Research Centre from 

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Name: \_\_\_\_\_ Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Amount that I wish to donate (please select one of the following):

Rs. 150       Rs. 300       Rs. 500       Any other amount \_\_\_\_\_ (in numeric)

Selected amount (in words): \_\_\_\_\_

Frequency:       Monthly       Quarterly       Bi-annually       Annually

My Bank: Askari Bank Limited My Account No: \_\_\_\_\_

Branch Name: \_\_\_\_\_ SKMT Account No: 0110-0100002690

I hereby authorize Askari Bank Limited to charge the above stated amount and donate to **Shaukat Khanum Memorial Trust** according to the frequency mentioned above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** *This debit authority will stand effective till the date mentioned in form above or till the written application submitted by customer for cancellation of debit authority.*

**Note:** Branch managers are requested to kindly charge the above stated amount as per instructed frequency and transfer to the above mentioned account of Shaukat Khanum Memorial Trust. For reconciliation purpose, kindly share a copy of processed form with SKMCH&RC.

**Kindly fill and return to your Branch Manager or the address mentioned below:**

Marketing & Resource Development Department

**Shaukat Khanum Memorial Cancer Hospital and Research Centre**

7A Block R-3, Johar Town, Lahore, Pakistan. ☎ 0800 11 555 Email: fundraising@skm.org.pk