

Pledge Form

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

D	D	M	M	Y	Y

 till

D	D	M	M	Y	Y

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: Dubai Islamic Bank Pakistan Limited My Account No: _____

Branch Name: _____ SKMT Account No: 010-0028603-001

I hereby authorize Dubai Islamic Bank Pakistan 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