



DONATION FORM (US \$)

I am pleased to make a donation of \$ _____ to the Foundation For Excellence for the year 200__.

My donation should be used for the purpose(s) indicated below.

For the Adopt A Scholar Program with specific preferences as under:

_____ Eng/Tech (BE/B Tech) degree student(s) \$ _____

Cost: \$2,000 per student for a 4-year course duration; payment options

___ *One lump sum payment of \$2,000 per student*

___ *Four annual payments of \$500 per student*

___ *50 monthly payments of \$40.00 per student*

_____ Medical (MBBS) degree student(s) \$ _____

Cost: \$2,250 per student for a 4.5 years course duration; payment options

___ *One lump sum payment of \$2,250 per student*

___ *Five annual payments of \$450 per student*

___ *50 monthly payments of \$45.00 per student*

For the Scholarship Program in general \$ _____

TOTAL _____

My donation will be made in the following manner (select one):

By checks in favor of Foundation For Excellence

Through my donor advised fund with _____

By Bill Pay/Funds transfer to Foundation’s bank account No. 18298-00371 with Bank of America, CA

By credit card: online at www.ffe.org

My employer’s payroll or pension deduction scheme/pledge campaign.

My employer _____ will match my contribution.

Please acknowledge receipt and send me an official receipt for tax reporting purposes.

Signature of Donor _____ Date: _____

Name: _____ Email: _____

Address: _____

Phone: _____ (Home) _____ (Work) _____ (Cell)