



Karnataka Integrated Development Services (KIDS)
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CONTRIBUTOR / SUPPORTER FORM

Fixed
Photo

NAME OF THE DONOR / SUPPORTER: _____

AGE: _____

SEX: _____

MARITAL STATUS: _____

EDUCATION QUALIFICATION: _____

PROFESSION: _____

PARMANENT ADDRESS: _____

LOCAL ADDRESS: _____

HOW TO CONTRIBUTION 1. BY CASH Cash Cheque DD

Rupess / Dollar

Name of the Bank/Branch:

2. BY KIND By Service By Material

What Type
How Much:

Note/ Request

After the fill the form in soft copy on web Please take the Print copy and
Send to our office as a Hard Copy

Web Site: www.kidsdharwad.org