

Donation Form



**aarogya
seva**
Global Health Volunteer Alliance

The Office of Philanthropy and Community Engagement

Experience the Joy of Giving!

Volunteer for a healthier tomorrow.

donate@aarogyaseva.org

Enclosed is my tax-deductible gift to AarogyaSeva Global Health Volunteer Alliance of \$.....

The gift is in honor/memory of

Please send an acknowledgement to:

My Name:

My Address:

City: State: ZIP:

Email: Phone:

Please add me to the AarogyaSeva Mailing list for future announcements.

Please keep my donation confidential

Charge my credit card (Check one) VISA/Mastercard

Card No. : Expiration Date:

Check here if you wish to make a recurring contribution

Frequency: Monthly Quarterly Half-yearly Annually

I have enclosed a Check favouring: AarogyaSeva Global Health Volunteer Alliance

I would like to make a paypal transfer to drdaya@aarogyaseva.org

I would like to make an in kind donation, please get in touch with me.

Bank Details for online transfer:

Bank: Wells Fargo Address: 420, Montgomery St., SFO, State and Zip: CA 94104

Account Name: AarogyaSeva A/C no: 7370999679 Routing No. 121000248 ABA#: WIFBIUS6S

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