



DONOR PROFILE FORM

The Foundation requests individual donors making donations in their own name or in the name of their family foundation, fund or trust to provide the following information. The information will mainly be used for communications with donors and to meet internal analytical needs. The Foundation respects donors' privacy. Personal information provided in this form will not be used in any public documents or shared with other organizations without the donor's written consent.

How did you come to know about the Foundation? _____

Name of our Family Foundation/Fund/Trust (if applicable): _____

Donor Name: _____

Educational Qualifications: _____

Higher Secondary School/Pre-university/Intermediate College attended in India (Name, City and State): _____

Degree College(s) attended in India (Name, City and State): _____

Home state/city/town in India: _____

If employed, employer name, city and state: _____

Email: _____ Phone _____ (Home) _____ (Cell)

Mailing address: _____

Spouse Name: _____

Educational Qualifications: _____

Higher Secondary School/Pre-university/Intermediate College attended in India (Name, City and State): _____

Degree College(s) attended in India (Name, City and State): _____

Home state/city/town in India: _____

If employed, employer name, city and state: _____

Email: _____ Phone _____ (Home) _____ (Cell)

Mailing address: _____

We prefer to receive FFE communications at our:

Postal address or

Email address