

SAC Payment Coupon 2004-2005
Asha Support A Child, c/o Dr. Shalini Modi, 3A May Flower Apts, 10,
I Street, Haddows Road, Nungambakkam, Chennai-600006

Sponsorship Details:	
Sponsor Name: _____	Account Number: _____
_____	Address: _____
Email: _____	_____
Phone: _____	_____

Payment Details:
I am enclosing a payment of
<input type="checkbox"/> \$90 <input type="checkbox"/> Other (\$ _____)My first installment.
<input type="checkbox"/> \$90 <input type="checkbox"/> Other (\$ _____)My final installment.
<input type="checkbox"/> \$180 <input type="checkbox"/> Other (\$ _____)I want to pay in full.
Please make a check or demand draft payable to 'Asha' in equivalent Indian Rupees

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