COMMITMENT OF SPONSORSHIP

I_____R/O_____

_____

wish to sponsor_____child/children for_____year/s and will make the payment on Quarterly/Half Yearly/Yearly basis.

Payment Details

YEAR	CHEQUE NO.	DATE	AMOUNT (Rs.)	DRAWN ON	BRANCH

NOTE :

FOR SPONSORING A CHILD PER YEAR WILL COST Rs.25,000/-

- Payments to be made in the name of **THE CATHEDRAL CHURCH OF THE REDEMPTION** (if 80G receipt is required)

- In the name of **THE LEPROSY PATIENTS CHILDREN'S EDUCATION FUND**

Dt. :_____

_____

Signature of Sponsor