

To
Executive Director / Founder
Centre for the Rehabilitation of the Paralysed (CRP)
Mailing address: CRP, Chapain, Savar, Dhaka-1343.

MEMBERSHIP FORM

[FILL THE FORM WITH CAPITAL LETTERS ONLY]

Applicant Name :
Father's Name :
Mother's Name :
Date of Birth :
Mobile number :
Fax ID :
E-mail ID :
Permanent address :
Present address :
Profession :
Designation (if any) :

I declare, that I am joining as a donor in the organisation with my own acceptance and consent. Actually, I want to help the organisation to serve the persons with disabilities in Bangladesh.

Signature:

Date:

For Official Use Only

Membership No : _____

Types of Membership : Monthly / Annually / Platinum

Designation Granted : _____

Signature & Date: _____

Signature & Date: _____

Executive Director
CRP

Founder
CRP

Note: The Government of Bangladesh (Under the এস,আর,ও নং ৪২-আইন/ আয়কর/ ২০০৮) dated 24th February, 2008 has recognised CRP as a Philanthropic Organisation. This means that any amount of donation to CRP will be treated as investment for an individual person/organisation for the respective assessment year.

Bank Account Details:

Account Name : Centre for the Rehabilitation of the Paralysed
Account Number : 0250320000405
Bank Name : Mutual Trust Bank Limited
Branch Name : Savar (online)
Routing Number : 145264093

Contact details:

Donor Liaison Officer
Mobile: 01713016587
Tel: +88 02 224445464-5(Ex-304)
Email: fundraising@crp-bangladesh.org

Assistant Manager
Mobile: 01730059611
Tel: +88 02 224445464-5 (Ex-304)
Email: frd@crp-bangladesh.org