

To

Executive Director / Founder & Coordinator
Centre for the Rehabilitation of the Paralysed (CRP)
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 Number :

E-mail Address :

Residence Address Permanent:

Residence Address Present :

Profession :

Designation (if any) :

Installment (in BDT) :

I declare, that I am joining as a donor in the organization with my own acceptance and consent and not been forced by anyone and want to help the organization to serve the person with disability in the community with dignity.

Signature Applicant:

Date:

Official Use Only

Membership No :
Types of Membership : Monthly / Annually / Platinum
Designation Granted :

Signature / Date

Signature / Date

Executive Director
CRP

Founder & Coordinator
CRP

Note: The Government of Bangladesh Under the এস,আর,ও নং ৪২-আইন / আয়কর / ২০০৮, dated 24th February, 2008 has recognized CRP as a Philanthropic Organisation. This means that if you are a tax payer, your donation to CRP up to 5 lacs in a year will qualify for a tax rebate of 15% of the donated amount, please give generously for the treatment of the poor, disabled in our society.

Bank Details

Account Name : Trust for the Rehabilitation of the Paralysed
Account Number : STD # 00052-36000029
Bank Name : National Bank Limited, Savar Bazar Branch, Savar (Online)

Contact Person

Donor Liaison Officer
Mobile: 01713016587
Tel: 02-7710464-5
fundraising@crp-bangladesh.org

Fund Raising & Development Officer
Mobile: 01730059611
Tel: 02-7710464-5
frd@crp-bangladesh.org