

Date:

Dear Madam/Sir

Re: Authorization for the payment by cr	
I would like to Donate USD/NPR purpose of	
SAMBHAV NEPAL MID NO 306257 by my VISA / M details for this transaction are as below:	
Card Number:	
Card Expiry Date:	
Amount in Figure:	
Amount in Words: Identification No. (Passport or Priving License):	
Identification No. (Passport or Driving License): Card Holder's Date of Birth:	
Address (Home / Office):	
	1 1
Kindly receive the copy of my identification (passport or request letter.	driving license) along with this
Thank you for your kind co-operation.	
Regards,	
Signature of the Cardholder	
Name of the Cardholder	
* Note: Please verify amount:	

E-mail: info@sambhavnepal.org

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