Beauty Without Cruelty
Educational Institutional Membership
for schools, colleges, libraries or trusts.

₹500/- is all it costs to introduce animal rights to hundreds of students for 5 years.

Thanks to your generosity libraries will immediately begin receiving our quarterly publications Compassionate Friend and Karuna-Mitra, our annual Hinsa vs. Ahinsa booklet and pictorial wall calendar, posters, leaflets and stickers for display.

Beauty Without Cruelty is a way of life which causes no creature of land, sea or air - terror, torture or death

Beauty Without Cruelty
An International Educational Charitable Trust for Animal Rights
4 Prince of Wales Drive Wanowrie Pune 411 040
Tel: 020 2686 1166 Fax: 020 2686 1420 E-mail: admin@bwcindia.org Website: www.bwcindia.org
Date_________________

To:
Beauty Without Cruelty – India
4 Prince of Wales Drive
Wanowrie
PUNE   411 040

I wish to gift a Beauty Without Cruelty educational institutional membership for 5 years to:

(PLEASE FILL IN BLOCK CAPITALS)

Name & Address _______________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
of school / college / library / trust

Tel. __________________ E-mail ID _______________________________

Enclosed is cash / my cheque No. ___________ dated ___________
drawn on ___________________________________ Bank for ₹500/-.

Direct Transfer can be done in name of Beauty Without Cruelty
Bank of India
Main Branch
Pune 411001
Savings A/c No: 050010100030961
RTGS/NEFT/IFSC: BKID0000500
Please inform after transfer and send filled form.
Foreign exchange not accepted.
Donations, big or small, to BWC are exempted under section 80G of the Income Tax Act, 1961.

Gifter's Name & Address
__________________________________
__________________________________
__________________________________

Tel. ______________________________
E-mail ID ________________________

Gifter's BWC Membership No. _____

Signature _________________________

For office use

| Membership No. | Receipt Date: | Receipt No. |