

## HEART AND HAND FOR THE HANDICAPPED P.O. BOX 520230 FLUSHING, NY 11352 FEDDBACK FORM



NAME OF ORGANIZATION:
ADDRESS OF ORGANIZATION:
TELEPHONE:
FAX:
EMAIL:
EXECUTIVES/OFFICERS AND BOARD MEMBERS AND THEIR HOME ADDRESS:
GOVT OF INDIA TAX EXEMPTION CERTIFICATE NUMBER AND EXPIRATION DATE:
STATE TAX EXEMPTION CERTIFICATE NUMBER AND EXPIRATION DATE:

ESERVE BANK OF INDIA PERMIT NUMBER (ALLOWING RECEIPT O UNDS FROM OVERSEAS) AND EXPIRATION DATE:
ONTACT PERSON:
ONTACT FERSON.
UCCION CTATEMENT OF ODC AND ATION.
IISSION STATEMENT OF ORGANIZATION:
UNDS UTILIZATION:
YPES OF SERVICES PERFORMED:
UMBER OF SURGERIES/REHABILITATION COMPLETED:

FUTURE PROJECTS:
SUPPORTING DOCUMENTS/PHOTOGRAPHS:
Name of the Child,
Age of the Child Disability of the Child
REQUEST FOR FUNDS IN THE COMING YEAR:
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BANK ACCOUNT INFORMATION:
Please provide the bank information below. For wiring funds, please make sure you
give us the correct and complete bank account information. Incomplete or incorrect information will delay payment and may even disqualify you for grant.
Name of Bank:
Savings Account or Current Account:
Address of Bank:
Account Number:
SWIFT code of Bank:
Branch code of Bank:
IFSC code:

## **CERTIFICATION:**

We certify that we have not and will not discriminate against any person or group on the basis of race, ethnicity, disability, caste or religious belief.

WE ALSO CERTIFY THAT WE DO NOT EMPLOY OR DO BUSINESS WITH GROUPS OR INDIVIDUALS WHO ARE SUSPECTED OF TERRORIST ACTIVITIES.

Date:	Signed	
	Title	

Completing this feedback form and sending us pictures or other material will allow us to consider you for future support. The grant that you have received now or in the past should not be construed as an indication of our future support. WE REQUEST THAT YOU DISPLAY PROMINANTLY AT YOUR FACILITY THAT YOU HAVE BEEN SUPPORTED BY "HEART & HAND FOR THE HANDICAPPED, UNITED STATES OF AMERICA".

We Certify that HHH reserves the right to use any and all material submitted herewith to HHH (Photos or other related material on children) for the purpose of raising fund to support its mission. HHH may also elect to use such information on social media or other such platforms.