Registered Office:
1-15-2 Arihant Towers
Koyambedu
Chennai - 600 107
www.madftrust.org
Email: admin@madftrust.org

Financial Support Request form for Institutions

Date

Organisation details

Name of the Institution :

Address:

City:	State:	Pin Code:

Phone Number:	Email ID:

Website:

PAN No :

IT Exemption details :

Contact Person details	
Name:	Title

Address (if different from above):

City:	State:	Pin Code:

Phone Number:	Email ID:

Fund information (please provide as much information available)

Expected financial Support :

Has this organization received MADF Trust Fund in the past?

☐ Yes (If Yes, provide Reference #):_____	☐ No

Brief description of Projects for which support is requested (attach more details in a separate sheet)

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References:			
Name	Occupation	Telephone Number	Email ID

Have you received MADF Trust Fund in the past? ☐ Yes (If Yes, provide Reference #)	☐ No

How did you come to know about MADF?

☐ Friend ☐ Website ☐ Member ☐ Social Media ☐ Newspaper ☐ Other _____

Notes:

If approved, you are required to provide the following:

- Letter confirming receipt of support from MADF and other documents / pictures to evidence the support provided by MADF.

I declare that the facts set forth above in the request form are true and complete. If approved, I agree to provide the required details.

Authorised Signatory   **Affix Seal of the Institution**
of the Institution

Name in Block Letters:

Date :

Place :

Mail this completed form and any additional information to:

Make A Difference Foundation Trust

City Tower, Basement 117,

Sir Thiyagaraya Road, T Nagar,

Chennai-600 017

Or Email to: admin@madftrust.org

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For office use only

Tracking number for this request :

Date Received:	Received by:
Describe how the information was verified:	Reference Check by:

Scheduled for Trust Committee meeting to be held on:

Committee's Decision:

Provide details on how support was provided on and attach evidence of support:

Updates on use monitoring: