

SVMCABA - MEMBERSHIP/DONATION APPLICATION

“The sole purpose of SVMCABA is to organize and promote fundraising for the development and upkeep of the Alumni Facility.”

Membership is open to all Alumni of SVMC

Please show your support to the Alumni Building by becoming a member and/or donating to the items of your choice: (EVEN IF YOU HAVE DONATED ALREADY)

MEMBERSHIP FEE FOR SVMCABA (ONE TIME)

- GRAND PATRON: Rs: 17 Lakhs**
Eligible for a slot in Governing Board of Directors or can nominate another member on their behalf. _____
- PATRON: Rs: 7 Lakhs** _____
- DONOR: Rs: 3.5 Lakhs** _____
- CONTRIBUTOR: Rs: 1 Lakh** _____

DONATION FOR:

- | | <u>Rupees (Rs)</u> | | <u>Rupees (Rs)</u> |
|---|--------------------|--|--------------------|
| <input type="checkbox"/> Building Maintenance | _____ | <input type="checkbox"/> Digital Library | _____ |
| <input type="checkbox"/> Webinars Set up | _____ | <input type="checkbox"/> Audio Visual Equipment | _____ |
| <input type="checkbox"/> Resuscitative Science Equipment Purchase | _____ | <input type="checkbox"/> Resuscitative Science Expansion into semi urban/rural areas | _____ |
| <input type="checkbox"/> Internet and Wifi | _____ | <input type="checkbox"/> Water Supply | _____ |
| <input type="checkbox"/> Phone and Fax | _____ | <input type="checkbox"/> Gift Shop | _____ |
| <input type="checkbox"/> Parking Area | _____ | <input type="checkbox"/> Computer Purchase | _____ |
| <input type="checkbox"/> Auditorium | _____ | <input type="checkbox"/> Lawn Maintenance | _____ |
| <input type="checkbox"/> A/C Units | _____ | <input type="checkbox"/> Student Scholarship | _____ |
| <input type="checkbox"/> Medical Books/Journals | _____ | <input type="checkbox"/> Health Club | _____ |
| <input type="checkbox"/> Office Staff/Employees | _____ | | |
| <input type="checkbox"/> Other(Describe) | _____ | | |

Total Payment: _____

Enclose check/draft/money order payable to "SVMCABA" for Rs: _____

OR

Pay via     (circle one) Rs: _____

Account# _____ Exp. Date _____

Security Code: _____ Billing Zip Code: _____

Mail or deliver completed application form with payment (if applicable) to:

SVMC ALUMNI BUILDING
SV Medical College Campus
 (in between College Main Building and UG Men's Hostel)
ALIPIRI ROAD, TIRUPATI A.P, INDIA 517507

Signature: _____ Date: _____

Mail Checks to: The President, SVMCABA, 13388 Alicia Parkway, Redding, CA 96003, USA