

### SUBSCRIPTION FORM

Name : \_\_\_\_\_

Mailing Address : \_\_\_\_\_

\_\_\_\_\_

City : \_\_\_\_\_ State : \_\_\_\_\_ Pin : \_\_\_\_\_

Phone : \_\_\_\_\_ E-mail : \_\_\_\_\_

Subscription No. : \_\_\_\_\_

Please find enclosed a sum of Rs. \_\_\_\_\_ by DD / Cheque / MO

No. \_\_\_\_\_ Bank \_\_\_\_\_ Date \_\_\_\_\_

In favour of "Karpagam Charity Trust" Eachanari Post, Coimbatore - 641 021, India.

Signature