**BHUTANESE KIDNEY PATIENT WELFARE FUND**

**\*Fund Mobilization through Citizen Engagement\***

**Background**

With the rate of kidney failure alarmingly increasing in Bhutan, the prevalence of Hypertension and Diabetes poses further threat as these two are the leading factor to kidney disease. In the midst of such growing issues, the Bhutan Kidney Foundation (BKF) is established as **Civil Society Organization (CSO)** under the patronage of **Her Majesty The Gyaltsuen Jetsun Pema Wangchuck** to primarily support and improve the health condition of overall kidney failure patients and service general public through promotion, prevention and curative measures thereby contributing towards Gross National Happiness.

At this time, the Foundation is in need of your support as we intend to carry out various programmes aimed at ***Public Benefit*** and plea interested individuals to contribute on your will for the greater cause.

Your contribution will be well acknowledged at the end of every year with the issuance of Money Receipt which is tax exempted vide RRCO **Tax Exempted/DRC- Tax/A&L/Ex/18(A) 2012/2104.**

**For further details please contact the Bhutan kidney Foundation: Phone: +975-2-328-654/1769-1745 (or) email to** **info@bhutankidneyfoundation.org****. Website:** [**www.bhutankidneyfoundation.org**](http://www.bhutankidneyfoundation.org)

**……………………………………………………………………………………………………………………………….BHUTAN KIDNEY FOUNDATION WELFARE FUND**

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**(Authorization Letter)**

I, ……………………………………………..bearing CID No. ……………………………………... holding Bank A/c No. …………………………………………maintained with the (Bank Name) ………….……………..………….. .. . hereby authorize the bank to debit a monthly amount of :

|  |
| --- |
| ***Nu. Please Tick One*** |
| ***50*** | ***100*** | ***200*** | ***300*** | ***400*** | ***500*** | ***Others (Mention amount below)*** |
|  |  |  |  |  |  |  |

(In word) Nu .………………………………………………..………………………… from my account and credit to Bhutan Kidney Foundation’s joint account maintained with ***BoBL(100676473) or BNBL (5100027542001)*** for the period of;

|  |  |
| --- | --- |
| **Please Tick**  | **With effect from…………………....** |
| **1 yr** | **2 yrs** | **3 yrs** | **4 yrs** | **5 yrs** | **Others** |
|  |  |  |  |  |  |

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Signature)**

***Date:* …………….**

**Date & Signature**

**Mobile No :** ………………………………………………………………………………..

**Address** : ………………………………………………………………………………..

**Email ID :** ………………………………………………………………………………..