



**HEART AND HAND FOR THE HANDICAPPED  
P.O. BOX 520230  
FLUSHING, NY 11352  
FEEDBACK FORM-----**



**NAME OF ORGANIZATION:**

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**ADDRESS OF ORGANIZATION:**

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**TELEPHONE:**

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**FAX:**

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**EMAIL:**

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**EXECUTIVES/OFFICERS AND BOARD MEMBERS AND THEIR HOME ADDRESS:**

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**GOVT OF INDIA TAX EXEMPTION CERTIFICATE NUMBER AND EXPIRATION DATE:**

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**STATE TAX EXEMPTION CERTIFICATE NUMBER AND EXPIRATION DATE:**

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**RESERVE BANK OF INDIA PERMIT NUMBER (ALLOWING RECEIPT OF FUNDS FROM OVERSEAS) AND EXPIRATION DATE:**

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**CONTACT PERSON:**

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**MISSION STATEMENT OF ORGANIZATION:**

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**FUNDS UTILIZATION :**

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**TYPES OF SERVICES PERFORMED:**

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NUMBER OF SURGERIES/REHABILITATION COMPLETED:

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FUTURE PROJECTS: \_\_\_\_\_

\_\_\_\_\_

SUPPORTING DOCUMENTS/PHOTOGRAPHS:

\_\_\_\_\_

REQUEST FOR FUNDS IN THE COMING YEAR:

\_\_\_\_\_

BANK ACCOUNT INFORMATION:

Name and address of the bank where you maintain your account (Please specify if it is a Savings Account or a Current Account etc.,)

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Account Number: \_\_\_\_\_

SWIFT code of the Bank \_\_\_\_\_

(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.)

**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”.

