



**Arunai Charitable Trust**

No 1 Mkv Street, RamanaNagar  
Tiruvannamalai-606603 Tamil Nadu

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Mob 0091 9842836383

Yearly Subscription Form

Application No:  
(For official use only)

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

Date of Subscription : \_\_\_\_\_

Country : \_\_\_\_\_

Phone : \_\_\_\_\_

E-Mail : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Physical Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason For Discontinue :

We will be keep you update about our Progress time to time.

I would like to pay per year \_\_\_\_\_ 100\$  100€  100£   
per year) to the Arunai Children's Home for the Development of a poor and  
destitute child's life.

Receiver Signature

(Payer Sign)