



PODILA PRASAD – GMCANA
SUPER SPECIALTY & TRAUMA CENTER
 AT GOVERNMENT GENERAL HOSPITAL, GUNTUR

DONOR CONTRIBUTION FORM

GMCANA, as the sponsoring organization of this project, is also organizing fund development among its members for the project completion. GMCANA is an important component of this Public Private Partnership and as members of GMCANA; we are all partners of this project and every one is invited to take an active role by becoming a donor and help to complete this project on time. The following categories are identified for individual contributions.

DONORS: \$2000 - \$4,999 or Rs. 80,000 - Rs. 1,99,999

Names of all donors are etched on the “Wall of Recognition” in the building permanently in the specific category of “Donors”

BENEFACTORS: \$5,000 - \$9,999 or Rs. 2,00,000 – Rs.3,99,999

Names of all Benefactors are etched on the “Wall of Recognition” permanently in the specific category of Benefactors.

GRAND BENEFACTORS: \$10,000 or Rs. 4,00,000 and above

Names of all Grand Benefactors will be recognized on the “Wall of Recognition” permanently in the specific category. Donations significantly greater than \$10,000 will be listed in separate categories.

CONTRIBUTORS: Less than \$2,000 or Rs.80,000

Names of all contributors will be recognized appropriately

I am / we are excited to be contributing to the improvement of our alma mater by joining the **Podila – GMCANA Project Partnership** and would like to be: *(Circle one and specify the amount of contribution)*

		Amount
Donor	\$2,000 - \$4,999	_____
Benefactor	\$5,000 - \$9,999	_____
Grand Benefactor	\$10,000 and above	_____
Contributor	less than \$2,000	_____

I/We would like this donation, for the amount of \$_____ recognized in the following name/s.

 Last Name First Name Middle Name Year Joined

 Spouse's Name

Please make your tax-deductible donation check to **GMCANA** with a memo to “Podila GMCANA Project”.

All checks are to be mailed to:
 GMCANA
 4026 Pine Lake Circle
 Stockton, CA 95219