

# SHULJA



## Artificial Electric Hand

**Fazal Din & Sons**  
Gift an Artificial Hand

**FDS/SH-GF-1**

# Gift Form

(can be used for more than one hand)

### Donor Information (please print or type)

Name			
Billing Address			
Telephone (home):	Telephone (business):	Fax:	
E-Mail			

### Gift Information

I (we) gift a total of Rs\_\_\_\_\_ to be paid for SHULJA™; Artificial Electric Hand with prosthesis and installation charges included for Quantity \_\_\_\_ @ Rs.75,000/- each. Our contribution is attached in form of:

Pay Order  Bank Draft  Check \_\_\_\_ (Number: \_\_\_\_\_ Dated: \_\_\_\_\_)

[Please send your payments in the name of "Fazal Din & Sons"]

**OR**  Credit Card (if credit card please provide details below)

Credit Card Type	<input type="checkbox"/> Visa <input type="checkbox"/> Master <input type="checkbox"/> AmEx <input type="checkbox"/> Other(Please specify) _____		
Credit Card Number		Expiration Date:	dd/ mm/ yy
Name on Card			
Card Holder's Signature	_____		

Please Tick One from Below:

I will send my patient to Fitting Centre. (In this case, we will send you a Token, which your patient can bring in to Authorized Fitment centre for fitting).

I authorize Fazal Din & Sons to distribute our gifted hand to needful as per requirement through NGOs, Hospitals, Fitting Centre. (In this case, we will send you confirmation along detailed disposal of your gift).

**My Preferred Installation centre:** \_\_\_\_\_(Optional)

### Acknowledgement Information

Please use the following name(s) in all acknowledgements:

\_\_\_\_\_

I (we) wish to remain anonymous.

Signature(s)
Date

**Fazal Din & Sons**  
53 Shahrah-e-Quaid-i-Azam,  
P.O. Box 344, Lahore Pakistan.