



Madhyamam HealthCare Programme

For the Cause and Care of Economically Backward Patients Suffering from Grave Diseases

APPLICATION TO
SPONSOR A PATIENT
REGISTERED UNDER
MADHYAMAM
HEALTHCARE
PROGRAMME

www.santhwanam.org

To

The Manager,
Madhyamam HealthCare Programme
Silver Hills Post Office, Calicut –12
Kerala - India. Phone: 0495 2730848
E-mail: mail@santhwanam.org

Dear Sir

I wish to sponsor an economically backward patient suffering from a grave disease who is struggling for financial help to continue his/her treatment. I assure you that all details collected by me from MHCP regarding this patient will be kept confidential and will never be passed on to a third person without your written permission.

My Name :		
Address :		
Phone:	E Mail:	
Sponsorship Details: (Select by Ticking)		
<input type="checkbox"/> I would like to undertake full medical treatment charges	I would like to help for specific disease only:	
<input type="checkbox"/> I would like to pay Dialysis charges for one year/six months		
<input type="checkbox"/> I would like to pay full expenses of surgery of this patient		
<input type="checkbox"/> I would like to undertake medical expenses for one year		
<input type="checkbox"/> I would like to pay an amount for the treatment of this patient		
Payment Details:		<input type="checkbox"/> Cardiology
		<input type="checkbox"/> Nephrology
		<input type="checkbox"/> Oncology
		<input type="checkbox"/> Neurology
		<input type="checkbox"/> Others
Amount (Cash) Rs.		
Mode of payment:	By Cheque/ Demand Draft/ M.O./ Cash	
<input type="checkbox"/> By one (lump-sum) payment	<input type="checkbox"/> By equal monthly instalments	
All the details given above are true to the best of my knowledge and belief.		
Name & Signature of the Sponsor and Today's Date:		