



LAASA FOUNDATION

Email: info@laasafoundation.org

Website: www.laasafoundation.org

Voucher

Ref. No. _____

Date: _____

I/We _____

resident(s) of _____ received an Amount / Aid equivalent to

Rs. _____ (Rupees _____),

by way of Aid / Cash/Transfer/Cheque/DD No. _____ dated _____ thorough our

Volunteer / Representative _____ (Vol.ID _____)

of / on behalf of LAASA Foundation, at _____,

towards _____

Witness 1

Signature

Name, Address & Contact No.

Phone _____

Witness 2

Signature

Name, Address & Contact No.

Phone _____

Beneficiary

Revenue
Stamp

Signature / LTI

Name, Address & Contact No.

Phone _____

This Receipt should be posted / handed over at the following Address

D S V Bharadwaaj, Founder & Managing Trustee, LAASA Foundation, D.No.7-43, Mandapam Thota, Opp:
DCMS Stores, ARASVALLI, Srikakulam, Andhra Pradesh State.

"It's not how much we give, but how much Love we put into giving"