

The Kripalvananda Yoga Institute
22 North Walnut Street
Suite 300
West Chester, PA 19380

DONATION FORM

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: () _____ FAX: () _____ EMAIL: _____

ENCLOSED IS MY GIFT OF:

\$25 \$50 \$100 \$250 \$500 \$1000 Other _____

ENCLOSED IS MY CHECK *(Please make check payable to Kripalvananda Yoga Institute)*

CHARGE MY CREDIT CARD BELOW:

Mastercard Visa Discover

|_|_|_|_| - |_|_|_|_| - |_|_|_|_| - |_|_|_|_|

Credit Card Number

|_|_| |_|_|_|_|

Exp. Date (MM / YYYY)

Cardholder's signature: _____

Cardholder's name (please print): _____

MONTHLY DONATION PLEDGE: I would like to offer continuing support to The Kripalvananda Yoga Institute through a monthly donation of:

\$10 /month \$25 /month \$50 /month \$100 /month \$_____ /month

(Monthly donations are by credit card only)

THIS GIFT IS:

In memory of: _____

In honor of : _____

DOES YOUR COMPANY HAVE A MATCHING GIFT PROGRAM?

Employer: _____

Address: _____

Phone: () _____ Your job title: _____

All gifts are tax deductible to the fullest extent allowed by law.