

# SIDDHA YOGA MEDITATION CENTER IN LOS ANGELES

## A PLEDGE FROM THE HEART



PLEASE PRINT CLEARLY

Name \_\_\_\_\_  
(Last) (First) (Spiritual)

Address \_\_\_\_\_ Date \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

E-mail \_\_\_\_\_

I would like to offer \$ \_\_\_\_\_ monthly.

**By automatic bank transfer**

I have enclosed a check marked VOID for bank coding purposes. I authorize SYMCLA to receive the above amount from my checking account on or near the 20<sup>th</sup> of each month.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**By Credit Card**

I authorize SYMCLA to receive the above amount from my credit card. Your offering will be deducted on or near the 20<sup>th</sup> of each month. Please inform us of any changes to your credit card number or expiration date by the first of the month.

**VISA**       **MASTERCARD**

No. \_\_\_\_\_

Exp. Date Month \_\_\_\_\_ Year \_\_\_\_\_ Signature \_\_\_\_\_

**Pledges are tax deductible.**

We thank you for your financial offerings of support! You may modify or cancel your offering at any time. Please inform us by the 12<sup>th</sup> of each month.

**SYMCLA**, Finance Dept. 1845 South Bundy Drive, Los Angeles, CA 90025  
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