



## SIDDHA YOGA MEDITATION CENTER IN LOS ANGELES

### A PLEDGE FROM THE HEART

(PLEASE PRINT CLEARLY)

NAME \_\_\_\_\_  
(LAST) (FIRST) (SPIRITUAL)

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ MOBILE \_\_\_\_\_ WORK \_\_\_\_\_

E-MAIL \_\_\_\_\_

#### I WOULD LIKE TO:

- MAKE A ONE TIME CENTER OFFERING OF \$ \_\_\_\_\_
- BEGIN TO MAKE A MONTHLY CENTER OFFERING OF \$ \_\_\_\_\_ EACH MONTH
- INCREASE MY MONTHLY CENTER OFFERING BY \$ \_\_\_\_\_ (FROM \$ \_\_\_\_\_ TO \$ \_\_\_\_\_). Please continue to process with account on file: \_\_\_Credit Card \_\_\_Auto Bank Transfer (check one)
- CHANGE MY METHOD OF DONATING FROM (e. g. credit card) \_\_\_\_\_ TO \_\_\_\_\_ (e. g. auto bank transfer)

#### AS A METHOD OF PAYMENT, I WOULD LIKE TO USE:

- CHECK (Please make your check payable to SYMCLA.)
- AUTOMATIC BANK TRANSFER (Please enclose a VOIDED check and sign and date this form below.)
- CREDIT CARD (Please fill in card information and sign and date this form below.)
  - VISA
  - MASTERCARD

Card No. \_\_\_\_\_ Exp Date: Mo \_\_\_\_\_ Year \_\_\_\_\_  
Security Code (i.e., last three digits of number on the back of the card) \_\_\_\_\_

SYMCLA, DONOR SERVICES DEPT, 1845 SOUTH BUNDY DRIVE, LOS ANGELES, CA 90025

310-207-9909 EXT. 4 [DONORSERVICES@SIDDHAYOGALOSANGELES.ORG](mailto:DONORSERVICES@SIDDHAYOGALOSANGELES.ORG)

**I AUTHORIZE SYMCLA TO RECEIVE THE ABOVE AMOUNT BY THE ABOVE DESIGNATED PAYMENT METHOD.** Monthly credit card and bank transfer donations will be processed on or about the 20<sup>th</sup> of each month.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**DONATIONS ARE TAX DEDUCTIBLE.**

**WE THANK YOU FOR YOUR FINANCIAL OFFERINGS OF SUPPORT!**

**YOU MAY MODIFY YOUR OFFERING UP UNTIL THE 12<sup>TH</sup> OF EACH MONTH.**

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