

## Mail-In Donation Form

Please print this form, fill it out, and send along with your donation to:

### **Satya Narayan Mandir**

75-15, Woodside Avenue  
Jackson Heights, N.Y. 11373

#### **Donor Information:**

Your First & Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Would you like to receive updates on Mandir's events and News?  Yes  No

#### **Payment Method:**

Please select the donation amount:

\$500  \$250  \$100  \$50  \$25 other \$ \_\_\_\_\_

Enclosed is my check payable to "*Satya Narayan Mandir*"

Please charge my credit card or debit account using the information provided below:

American Express  Discover  MasterCard  VISA

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp. Date (mm/yy) \_\_\_\_\_ / \_\_\_\_\_

Make this a recurring donation. (Credit/Debit Cards Only) I want to donate:

Monthly  Quarterly  Semi-Annually  Annually

#### **If you would like this gift to be a tribute, Please select one of the following options:**

Honor of  Memory of

Name: \_\_\_\_\_

Please select the special occasion:  Birthday  Graduation  Anniversary Other \_\_\_\_\_

**To have notification card sent  with the gift amt. printed  without the gift amt. printed  
please complete the following :**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

(Your name as you would like it to appear on the card)

From: \_\_\_\_\_

**Disclosure Statement:** Satya Narayan Mandir is a 501(c)(3) organization, and all gifts are tax deductible.  
We will not sell, trade, or share your personal information with anyone.