

Donation Form for Sri Karunamayí's Projects

(All donations are tax deductible)

General Hospital Patient Sponsor¹ Free School^{2,3}

(Please use a separate form for each project)

I would like to make a donation, to the project marked above, in the name of

Name: _____

Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

E-Mail: _____ Phone #: _____

I would like to donate \$ _____ once a month once a year one time only
 in 4 monthly installments (for donations of \$500 or more)

Note: 1. Patient Sponsors:- You may specify a special day for the care _____

2. School:- Child Sponsors may specify a boy or a girl _____

3. School:- Would you like your donation to be dedicated for school construction ? _____

Payment Details

I am enclosing a check / money order. (Payable to SMVA Trust)

Please charge the following credit card.

MasterCard Visa American Express Diners Club

Credit Card #: _____ Exp. Date: _____

Name on Card: _____

Today's Date: _____ Card Holders Signature: _____

Required for credit card payment

Note: To donate equities please contact the Trust at the address below.

Please mail this completed form, with payment, to
SMVA Trust, 21 Baldwin Hills Road, Millwood, NY 10546
(914) 923-8327 smvaus@karunamayi.org