**SIDDHA YOGA MEDITATION CENTER in GREATER BOSTON**

**P.O. Box 2671, Framingham, MA 01703**

**617-221-5673**

**You may submit your pledge in the following ways:**

1. **Mail to the above address;**
2. **Place in the Center Donation Box at the meditation center.**

**PLEDGING METHODS**

* **Automatic withdrawal via Electronic Fund Transfer (EFT) using the bank account and routing number you provide.**
* **Recurring payment you set up with your online banking.**
* **Sending a monthly check.**
	+ **This requires you to remember to write out and mail a check each month.**
	+ **Pledge checks may also be made quarterly or annually, or on another schedule. Please let us know your preference.**
* **Credit card payment.**

**Pledged or donated funds may be used at the discretion and control of the Center’s Board of Directors or the Steering Committee to support the Siddha Yoga Mission, including remitting funds to the SYDA Foundation.**

**The Siddha Yoga Dham Affiliate of New England (dba Siddha Yoga Meditation Center in Greater Boston) is a 501(c)3-non-profit organization. Monetary gifts are tax deductible under U. S. law.**

**\*\*\*Please see the next page for the actual pledge form.**

**SIDDHA YOGA MEDITATION CENTER in GREATER BOSTON**

**P.O. Box 2671, Framingham, MA 01703**

**617-221-5673**

**PLEDGE / GIFT FORM**

**I would like to START a Monthly Pledge in the amount of $\_\_\_\_\_\_\_.**

**I would like to CHANGE my Monthly Pledge to $\_\_\_\_\_\_\_.**

**I would like to make a ONE-TIME GIFT of $\_\_\_\_\_\_\_\_\_.**

**Name**

 **Last First Spiritual**

**Address:**

**Phone: (Cell) (Work)**

**E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**🞎 BY AUTOMATIC EFT BANK TRANSFER**

**Attach a voided check for bank coding purposes.**

**I authorize the SYMC in Greater Boston to perform a monthly transfer in the amount specified above from my checking account to SYMCGB on or around the 20th of each month.**

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

**🞎 BY PERSONAL CHECK 🞎 Monthly 🞎 One-time Gift**

 **Make check payable to SYMCGB, and indicate the pledge period above.**

* **BY CREDIT CARD 🞎 Monthly 🞎 One-time Gift**

**Your pledge will be charged on or around the 20th of the Month. Changes to your credit card number or expiration date may be communicated by completing a new pledge/gift form and submitting it by mail or by placing it in the center offering box.**

**🞎 VISA *or*  🞎 MC: \_\_\_ \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_**

**EXPIRATION DATE: \_\_\_\_\_/\_\_\_\_\_\_ SIGNATURE**

**If you have any questions or would like to modify your pledge in any way, please contact Bhadrapriya Lee, Finance Coordinator at** **finance@symcgb.org****.**