Nithyananda Dhyanapeetam of Houston

3719 Kingston Vale Dr.
Houston, TX 77082
EIN: EIN 80-0750075

Monthly Donor Form

Legal Name: _____**Spiritual Name:** _____

Address: _____

City:_____ **State**:_____ **Zip code**: _____

Telephone: _____ _____**Email ID:** _____

I declare with integrity (*sampoorti*), authenticity (*shraddha*), and responsibility (*upaayanam*) that I am enriching (*aapyaayanam*) myself and others by voluntarily contributing to Nithyananda Dhyanapeetam of Houston ("Temple") on a monthly basis. I have cognized that this financial contribution is made to advance the science of the Vedic tradition as reiterated and presented by Sri Nithyananda Swami ("Swamiji"). I understand the Temple has full discretion over the donated funds to ensure that they are used in furtherance of the Temple's charitable purposes. As a means of enriching myself and others, I voluntarily commit the following monthly contribution:

ANANDA SAMAJI

a) ☐ 3 days of my gross monthly income in the amount of $_____

SATSANGHI

b) ☐ 1 day of my gross monthly income in the amount of $_____

MONTHLY PATRON (check one)

c) ☐ $101 c) ☐ $251 d) ☐ $501 e) ☐ Other $_____

I understand I should consult my tax advisor to determine the tax deductibilty of my doantion.

Signature: _____ **Date:** _____

Payment Information for Monthly Donations

Make Checks Payable to ***"Nithyananda Dhyanapeetam of Houston"***

Payment Method: ☐ Cash ☐ Check ☐ Credit Card

CREDIT CARD INFO Name as on the card: _____

Billing Address: _____Check if same as above ☐

Credit Card Type: ☐ Visa ☐ Master ☐ Amex ☐ Discover

Credit Card Number : Expiration Date:

CVN Number:

Signature: _____ **Date:** _____