



MAIL-IN DONATION FORM

To make a donation by mail, please type or clearly print your information into this form, print it out and send with a check or money order payable to YOGAM-USA to:

YOGAM-USA, P.O. Box 7296, Hyattsville, MD 20787

Your generosity will bring us closer to the day when all children have access to a quality education, and no children die from preventable causes.

DONOR INFORMATION

FIRST NAME: _____ **LAST NAME:** _____

Company/Organization (if applicable): _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip/Postal Code: _____

Country: _____

Primary Phone #: _____

GIFT INFORMATION

DONATION AMOUNT (check one):

\$50 \$100 \$250 \$500 \$1,000

Other Amount (\$) _____

PAYMENT TYPE (check one):

Check/Money Order (please attach to form)

Visa Master Card American Express Discover

Credit Card Number: _____ Expiration Date (mm/yy): _____

Cardholder Name: _____

SIGN UP

RECEIVE REGULAR EMAIL UPDATES ABOUT YOGAM-USA EDUCATION AND HEALTH PROGRAMS.

Yes, sign me up! No, thank you.

Email Address: _____

Organized under the laws of New Maryland as a not-for-profit corporation, YOGAM-USA is exempt from tax under section 501(c)(3) of the Internal Revenue Code and qualifies for the maximum charitable contribution deduction by donors.