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## DONATION FORM

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

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Donation Type and Amount:

- |  |               |
|--|---------------|
| <input type="checkbox"/> General Donation          | Amount: _____ |
| <input type="checkbox"/> Ashram Maintenance        | Amount: _____ |
| <input type="checkbox"/> Hariharananda Balashram   | Amount: _____ |
| <input type="checkbox"/> Other Charitable Projects | Amount: _____ |

Method of Payment:

Personal check or money order, made payable to Kriya Yoga Institute

Visa     Mastercard

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

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Signature: \_\_\_\_\_

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

Kriya Yoga International  
24757 SW 167<sup>th</sup> Avenue  
Homestead, FL 33031-1364