

MONTHLY DAKSHINA PRACTICE

Name _____
Last First Spiritual

Address _____
Street City State Zip

Email _____ Home Phone () _____ Work () _____

I would like to begin a Monthly Dakshina Practice and offer US \$ _____ monthly.

I already have a Monthly Dakshina Practice and would like to change the amount of dakshina that I offer from US \$ _____ to US \$ _____.

I WOULD LIKE TO MAKE MY MONTHLY OFFERING:

BY AUTOMATIC BANK TRANSFER: I have enclosed a check, marked VOID for bank coding purposes. I authorize SYDA Foundation to receive the amount specified above on or near the 20th of each month. [This method is available in the US and is the most efficient to process.]

Date: _____

Authorized signature _____

Please note: that all automated clearinghouse transfers from your checking account comply with US law.

BY CREDIT CARD:

Your offering will be charged on or near the 20th of each month. Please inform Donor Services of any changes to your credit card number or expiration date by the 12th of each month by calling 845-434-2000, ext./vm 2390.

VISA Mastercard # _____ - _____ - _____ - _____

Exp. Date _____
Month/Year Please print cardholder's name.

Authorized Signature _____

Today's date _____

BY MONTHLY CHECK:

Please make checks payable to SYDA Foundation in US currency, drawn on US or Canadian banks. When you write your check each month, please write "Monthly Dakshina Practice" on the memo line.

You may begin, modify or discontinue your Monthly Dakshina Practice at any time by calling Donor Services at (845) 434-2000, vm 2390, by emailing MonthlyDakshinaPractice@syda.org or by faxing to (845) 436-2197.

You can also make a Dakshina Offering online at www.siddhayoga.org or at (845) 434-2000 vm 2390.

If you are interested in making the SYDA Foundation the beneficiary of a planned gift or have already done so please contact PlannedGiving@syda.org

In the USA, this gift is tax-deductible.