

Greater Atlanta Vedic Temple

PLEDGE FORM DONOR INFORMATION

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
TELEPHONE (HOME) _____ (CELL) _____
E-MAIL _____

I Pledge:

Dollar A Day (DAD) Program:

- \$31 @ Month or \$365 @ Year _____
 \$51 @ Month or \$612 @ Year _____
 \$101 @ Month or \$1212 @ Year _____
 Other Amount per Month \$ _____ per Year \$ _____
 One Time Donation of \$ _____

I (We) plan to make this contribution in the form of:

- Cash Check Credit Card (VISA/MC/Discover) Electronic Check

For Recurring Donation (DAD) please complete one of the following:

CREDIT CARD (VISA/MC/Discover):

Credit Card type _____
Credit Card # _____
Expiration Date _____
Amount Authorized \$ _____
Card Security Code _____
Printed name on card _____

CHECKING ACCOUNT:

Name on Account _____
Bank Routing # _____
Bank Account # _____
Amount Authorized \$ _____
Bank Name: _____

I authorize GAVT to charge my credit card or bank account mentioned above. I understand that the above charge authorization will be in effect until written/email notice is given to revoke this authorization.

Today's Date _____

Signature: _____

Please make Checks or Corporate Matches, payable to

Greater Atlanta Vedic Temple
492 Harmony Grove Rd
Lilburn GA 30047

(Tax ID # 58-1776264)
Website: <http://www.vedic temple.org>
Phone: (770) 381-3662

If you are sending e-check, please fill/print this form and send to vedic temple@vedic temple.org. We respect your privacy and we guarantee that your information will be kept secure.

For Office Use Only: Pledge Collected on: _____ Collected By _____
Date Receipt issued _____ Receipt # _____ Funds Deposited On _____