

Siddha Yoga Meditation Center in San Diego

Center Pledge

I would like to offer \$ \_\_\_\_\_ (please check one of the following):

Once every month       Once every year       Other: once every \_\_\_\_\_ months

By Credit Card

I authorize SYMC-SD to charge the amount specified above to my credit card for the frequency specified, on an ongoing basis, on or about the 20th of the month. **If offering annually, I would like this to occur each year in the month of \_\_\_\_\_** If I wish to amend or withdraw, or if there are any changes to my credit card number or expiration date, I will inform the finance office by the 15th of the month before the change will take place.

Visa

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

MasterCard

(month) (year)

No. \_\_\_\_\_

Signature \_\_\_\_\_

By Enclosed Check (nonautomatic)

I will mail my check at the interval specified above, payable to SYMCSD, to the address below, or place my cash or check in the finance office door slot. (Preaddressed envelopes are available in the lobby.) If I wish to amend or withdraw my offering I will inform the finance office by the 15th of the month in which the change will take place.

*Pledges are tax deductible.*

Name \_\_\_\_\_  
Please print (Last) (First) (Spiritual)

Address \_\_\_\_\_ Date \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

***Your ongoing financial commitment helps us forecast income and plan expenses, so when you wish to make a change in the amount of your commitment, please inform us by the 15th of the month before the change.***

**We thank you for your pledge!**

**Please feel to free contact us for any reason:**

**SYMCSD, Finance Dept  
PO Box 910578  
San Diego CA 92191-0578  
Telephone (858)452-3151  
finance@symcsandiego.org**