

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Home) _____ (Work) _____

E-mail Address: _____

(Please check all that apply below)

- Anonymous Donation
- I want to make my donation on behalf of: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

- As a Birthday honorarium for the person(s) above.
- As an Anniversary honorarium for the person(s) above.
- As a Memorial honorarium for the person(s) above.
- As my portion of my company's matching gift program.
- Please send a copy of the donation acknowledgement letter to this person also.
- Please only send me a copy of the donation acknowledgement letter.
- Please send me / E-mail me information on volunteer opportunities at the Indo-American Center.

My gift check is enclosed in the amount of: (Payable to Indo-American Center)

\$25 \$50 \$75 \$100 \$500 Other _____

This is a one-time donation

I would like to donate on a regular basis:

Weekly donation Monthly donation

Bi-Annual donation (every 6 months) Annual donation

Please bill my credit card: Visa Master Card American Express

Amount :\$ _____ Account #: _____ Exp. Date: _____

Signature: _____ Today's Date: _____

Indo-American Center is a not-for-profit 501(c)(3), community service organization