## U.S. NATIONAL YAGYA PROGRAM Donation Form

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Please complete this form and mail along with your check to:

## Brahmananda Saraswati Foundation U.S. National Yagya Program P. O. Box 2316 Fairfield, IA 52556 U.S.A.

First Name:	Last Name:
This donation is by a company:	
Address:	
<i>City:</i>	State:
Zip Code:	<i>E-mail:</i>
Phone:	
Note: We respect your privacy an	nd will not give out your address under any circumstances.
I would like to contribute:	
□ \$25 □ \$50 □ \$100	□ \$250 □ \$500 □ \$1,250 □ \$2,500 □ \$5,000
Other Amount: \$	
Please make checks payab	ole to: Brahmananda Saraswati Foundation or BSF
Please write U.S. Nationa	I Yagya Program in the memo.
	Thank you.
FO	R DONATIONS OF \$1,250 OR MORE,
	se enter the information on the next page.

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## FOR DONATIONS OF \$1,250 OR MORE

Please enter the following information for the Yagya:
Enter <b>one name</b> to be acknowledged in the Yagya.
Enter either the first and last name of an individual or the name of the family, company or group.
🗅 Individual
First Name:
□ Family, Company or Group Name
Enter one name for a couple or family. For example, Margaret Smith Family.
Name:
Pronunciation of the names. Indicate the accented syllables in all capital letters, in the following for-
mat: pro-NUN-see-a-shun:
Gender or group description. Check one: □ Male □ Female □ Family □ Company □ Organization □ Group
Enter the name and email address of the person who will receive the Yagya Guidelines:
First Name:
<i>E-mail:</i>
Thank you