

SHRIJI MANDIR
& CULTURAL CENTER
15700 Woodruff Avenue
Bellflower, CA 90706



Phone: 562-461-3921
shrijimandirla@gmail.com
<http://shrijimandirla.org>
Tax ID # 501(C)3-06-1689071

Dollar-A-Day Donation

1. Authorization to Charge my Credit Card for Payment:

I hereby authorize Shriji Mandir to initiate monthly charge to my credit card account indicated below.

DONOR'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

EMAIL: _____

CREDIT CARD: VISA MC AMEX DISCOVER

NAME ON THE CARD: _____

CARD NUMBER: _____ EXPIRES: ____ / ____ SECURITY CODE: _____

AUTHORIZED MONTHLY CHARGE AMOUNT: \$ _____

START DATE: ____ / ____ / ____ END DATE: ____ / ____ / ____

AUTHORIZED SIGNATURE: _____ DATE: _____

2. Authorization for Automatic Checking Account Withdrawal:

I hereby authorize Shriji Mandir to initiate monthly debit entries to my (our) checking account indicated below and the bank named below.

DONOR'S BANK NAME: _____

CITY: _____ STATE: _____ BRANCH: _____

TRANSIT /ABA NO: _____ A/C No: _____

AUTHORIZED AMOUNT: _____ DONOR'S NAME: _____

This authority is to remain in full force and effect until Temple and Bank have received written notification from me (or either of us) of its termination in such time and in such manner as to afford Temple and Bank a reasonable opportunity to act on it.

DATE: _____ SIGNED: _____

(Please attach voided Check or deposit slip)