

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



CONTACT
Bhargav Patel 714-801-1308
Rekha Bajaria 310-528-7887

SHRIJI MANDIR DONATION FORM

Thank you, for donating and supporting to acquire property for Shriji Mandir.
It's now time for all of us to get together to build a beautiful Mandir we can enjoy for generations.

Name: _____

Address: _____

Phone Number: _____ Email: _____

In Honor/Memory of: _____

Paying Loan /Upgrading Mandir Donation (Check One):

- | | | |
|--|---|--|
| <input type="checkbox"/> Life Trustee: \$100,000 | <input type="checkbox"/> 10 Year Trustee: \$50,000 | <input type="checkbox"/> Ashta Sakha: \$25,000 |
| <input type="checkbox"/> 84 Bethakjibhav: \$11,000 | <input type="checkbox"/> 84 BhagvadiyaVaishnav: \$5,001 | <input type="checkbox"/> 252 Vishanv: \$2,500 |
| <input type="checkbox"/> Vrajbhakta: \$1001 | <input type="checkbox"/> Gopibhav: \$501 | <input type="checkbox"/> Other Donation: _____ |

Donation more than \$2500 will be recognized by wall plaque.

DONATE BY CREDIT CARD:

AUTHORIZATION TO CHARGE MY CREDIT CARD FOR DONATION PAYMENT:

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

CREDIT CARD: VISA MC AMEX DISCOVER

NAME ON THE CARD: _____

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

AUTHORIZED CHARGE AMOUNT: \$ _____

AUTHORIZED SIGNATURE: _____ DATE: _____

DONATE BY CHECK:

PLEASE MAKE CHECK PAYABLE TO: SHRIJI MANDIR

Signature: _____ Date: _____ Check#: _____

**Hand this completed form along with donation to any committee member,
or mail to: Shriji Mandir, 15700 Woodruff Avenue, Bellflower, CA 90706**