

DONATION FORM FOR U.S.A.

Thank You! Your generous support makes all the difference.

Please choose from these options:

One Time Donor:

I wish to make a one-time donation of US\$ _____ to Khyentse Foundation.

Monthly Matching Donor:

I would like to join the Monthly Donation Matching Fund Program, which **doubles my contribution** to Khyentse Foundation.

Monthly donation US\$ _____ per month. Starting date _____
(Monthly donors please provide credit card or bank information below.)

Name _____

Address _____

City _____ State _____ Zip code _____

Phone _____ Email _____ Date _____

Please check here if you wish to remain anonymous

Payment by Check:

Please make check payable to **Khyentse Foundation**.

Payment by Credit Card:

Visa MasterCard American Express
Credit card number : _____ Exp. date _____

Name on card: _____

Signature: _____ Date: _____

Payment by Automatic Bank Deduction:

Please attach a voided check OR provide the following information:

Bank type: Checking Saving

Bank Name: _____ (US banks only)

Bank Routing Number: _____

Account Number: _____

Signature _____ Date _____

Khyentse Foundation is a 501 (3) (c) nonprofit organization. Donations are tax-deductible to the fullest extent of the law in the USA. Employer I.D. #91-2167303. Please complete this form and return it to Khyentse Foundation, P.O. Box 156648, San Francisco, CA 94115, USA.

Phone/ Fax: 415 788 8048 Email: info@khyentsefoundation.org www.khyentsefoundation.org