

Govt. Reg. Canadian Charity: 826969172RR0001

902-A Rae Street, Regina, Saskatchewan, S4T 2B4

Center-(639) 999-8080 / (647) 580-7159

E-mail: debongc@gmail.com

www.dhammanjali.org

DONATION FORM

Yes, I would like to donate to ***Dhammanjali Meditation Center Inc.***

Donor’s Name:

First name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Province/State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal/Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone**:** (Res.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Monthly: Half-Yearly: Yearly: Other:

□$\_\_\_\_\_\_\_\_\_\_\_ □$ \_\_\_\_\_\_\_\_\_\_\_\_ □$\_\_\_\_\_\_\_\_\_\_ □$\_\_\_\_\_\_\_\_\_\_\_

**Method of payment**

□ Cheque (Please make payable to Dhammanjali Meditation Center)

□ **E-transfer: Send to *dhammanjaliinfo@gmail.com***

(I would like to receive a reminder to arrange for the email donation)

□ **Direct Withdrawal** \*can attach a VOID Cheque

Bank Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account\_\_\_\_\_\_\_\_\_\_\_ Branch\_\_\_\_\_\_\_\_\_\_\_ TransitNo. \_\_\_\_\_\_\_\_\_\_\_

**Direct Deposit to Dhammanjali Meditation Centre**

□ BMO (Bank of Montreal): Account 8984-006, Branch 001, TransitNo. 23932

We would like to extend our heartfelt appreciation to you and your family for your generous support.

All donations are tax deductible.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_