You may make the requested donations or give as you are able.

Please print clearly. Use additional paper if needed.

	Requested	Your
	Donation	Donation
First adult member		
Name	\$85	\$
Phone		

E-mail

Address			
Additional adult family member			
Name	\$65	\$	
Youth (ages 5–18)			
Name and age	\$20	\$	
Name and age	\$20	\$	
Name and an	¢20	t.	
Name and age	\$20	<u></u>	
College student (ages 18– 22)			
Name and age	\$30	\$	
H.I. Get-Together			
Name	\$50	\$	
Name	\$50	\$	
Total amount enclosed or authorized \$			
A check or money order is welcome. You may also pay by Visa or MasterCard by completing the information below.			
Visa / MC #			
Expiration date			

Complete this form and send it with your donation payable to the California Satsang Society.

(required for credit card authorization)

Mail by August 10 to California Satsang Society, PO Box 7704, Menlo Park, CA 94025 Or fax by August 10 to (510) 835-9306