

Please print, fill out, and mail to  
**Vaisnavas C.A.R.E. Inc.**

Donations Handling Department  
P.O. Box 117365  
Burlingame, CA 94010

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Vaisnava Name (if applicable) \_\_\_\_\_

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**Address:**

Street: \_\_\_\_\_

Apartment #: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_

Zip Code: \_\_\_\_\_ Country \_\_\_\_\_

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Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

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**Payment Information:**

Credit Card #:

Visa: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Master Card: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Personal Check     Money Order     Cashiers Check

Other (please specify)

\_\_\_\_\_

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Type of Donation: Please specify type of donation.

Regular Donation

Memorial Donation

If sending a Memorial gift please fill out the following on the person in who's name the gift will be made.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you like the amount of donation to be stated in the Thank-you letter?

Yes  No

Optional personal message to be included with the Thank-you letter:

Your message here:

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Amount of Donation:

\_\_\$11 \_\_\$21 \_\_\$51 \_\_\$108 \_\_\$1,008

or other amount

\$\_\_\_\_\_ Place numeric dollar amount here

\_\_\_\_\_ Please write amount in words here.

Thank You for Your Kind Donation

You will receive a receipt for your tax records within 7-10 business days

[www.vaisnavascare.com](http://www.vaisnavascare.com)