

# MAIL-IN DONATION FORM

PLEASE PRINT THIS PAGE AND MAIL WITH DONATION TO:  
MGANL Donations  
P.O. Box 420440  
Washington, DC 20042-0440

Credit Card Donations  
can also be faxed to  
641-472-1702

DONOR NAME: MR/MRS/MS \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

PHONE: HOME \_\_\_\_\_

WORK \_\_\_\_\_

EMAIL: \_\_\_\_\_

**Please use my donation for the Mother Divine Program<sup>SM</sup> for the purpose of :**

General support  Perpetual Fund  Building Fund  Other (Please specify) \_\_\_\_\_

Whom on the Mother Divine Program may we thank for inspiring this donation?

\_\_\_\_\_  
\_\_\_\_\_

## FOR AUTOMATIC MONTHLY CREDIT CARD DONATIONS ONLY

I would like to donate \$ \_\_\_\_\_ per month starting in (mo/yr) \_\_\_\_\_ and ending in (mo/yr) \_\_\_\_\_

I authorize MGANL to collect my donation from my credit card:  VISA  MasterCard

CARD NO. \_\_\_\_\_ EXP. DATE \_\_\_\_\_

PLEASE SIGN \_\_\_\_\_

(Please note: All credit card charges are computed in US \$ amounts.)

## FOR ONE-TIME CREDIT CARD DONATIONS ONLY

I authorize MGANL to collect my donation of \$ \_\_\_\_\_ from my credit card:

VISA  MasterCard

CARD NO. \_\_\_\_\_ EXP. DATE \_\_\_\_\_

PLEASE SIGN \_\_\_\_\_

(Please note: All credit card charges are computed in US \$ amounts.)

## FOR CHECK DONATIONS ONLY

My check is enclosed for \$ \_\_\_\_\_  One-time  Monthly  Other \_\_\_\_\_

Please make checks payable to: "MGANL Donations". Please do not write any individual's name on the check.

NOTE: • This donation will be used for the purposes of the Mother Divine Program in general and not be set aside for a particular individual.\*  
• Donations to MGANL are tax deductible to the extent allowed by US and international law. • Donations should be in US Dollars.  
The Mother Divine Program is a program of Maharishi Global Administration through Natural Law (MGANL)  
\*All general donations to MGANL for the Mother Divine Program become the property of MGANL to be used at its discretion

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