



Self-Realization Fellowship

One-Time Donation and Recurring Gift Form

Please accept my **on-going monthly** contribution of \$ _____ each month, beginning* _____, to be automatically deducted as indicated below. (date)

* Charges are made the first day of each month. You may change or cancel your automatic donations at any time by contacting us at the numbers listed below.

Please accept my **one-time** contribution of \$ _____.

Please send me more information about planned giving. (See below for complete list of options.)

Please print your name and address in the space below.

Telephone No.

(____) _____

(____) _____

E-mail: _____

Method of Payment (Please indicate below):

FOR DEPOSIT INTO BOSTON MEDITATION GROUP BUILDING ACCOUNT

CHECK enclosed for my one-time contribution.

CREDIT CARD*: Visa MasterCard American Express

_____ / _____ _____
Card Number Exp. Date Month/Year Signature

DIRECT DEBIT AUTHORIZATION*:

Please attach a voided check. Please do not send a deposit slip or cash.

_____ _____ _____ _____
Bank Name Branch Bank Routing Number Account Number

_____ _____ _____ _____
City State Zip Signature

*15¢ is charged to SRF for each debit transaction. 2-3% is charged to SRF for each credit card transaction.

Please provide me with further information about:

All of the Planned Gift Options – (or please select any of the following):

- | | |
|---|---|
| <input type="checkbox"/> Making a Bequest to SRF
<input type="checkbox"/> Gifts of Appreciated Securities
<input type="checkbox"/> Gifts of Mutual Fund Shares
<input type="checkbox"/> Gifts of Real Estate
<input type="checkbox"/> Gifts of Tangible Personal Property
<input type="checkbox"/> Gifts of Retirement Plan Assets | <input type="checkbox"/> Gifts of Life Insurance
<input type="checkbox"/> Retained Life Estate
<input type="checkbox"/> Charitable Remainder Trusts
<input type="checkbox"/> Charitable Lead Trusts
<input type="checkbox"/> Summary of Deductibility of Charitable Gifts
<input type="checkbox"/> Summary of Gift Planning Options and Benefits |
|---|---|

I have already included SRF in my estate plan through:

My will My living trust My retirement plan/IRA My insurance policy Other _____

(Your request for information on making a gift to Self-Realization Fellowship is strictly confidential and without obligation.)

Thank you. . .

for your generosity and thoughtfulness. Your support of the Self-Realization Fellowship work is greatly appreciated.

Please return this form to:

Self-Realization Fellowship • 3880 San Rafael Avenue • Los Angeles • CA 90065-3298 • U.S.A.
 Phone: 818-549-5151 Fax: 818-549-5100 or Toll Free: 800-801-1952

