SIDDHA YOGA® MONTHLY DAKSHINA PRACTICE

I would like to practice *dakshina* by

❑ Beginning a **Monthly Dakshina Practice** in the amount of US $_____ each month.

❑ Increasing my **Monthly Dakshina Practice** from US $_____ to US $ _____ each month.

Today's date _____

Name _____
last *first* *spiritual*

Address _____
street

_____
city *state*

_____
ZIP/postal code *country*

Email _____

Phone _____ Mobile _____

Select your method of payment *(Please do not send cash through the mail.)*

❑ **Automatic Bank Transfer** Enclose a VOID check, payable through a US bank, and sign below.
I authorize the SYDA Foundation to receive the amount indicated on or about the 20th of each month.

_____ _____
date *signature*

❑ **Credit Card** *Credit Card Number* _____

❑ Visa ❑ MasterCard ❑ American Express ❑ Discover Exp. Date _____/_____
month *year*

_____ _____
please print cardholder's name *signature*

Your monthly offering will be charged on or about the 20th of each month.

❑ **Monthly Check/Money Order** Check must be drawn on a US bank. Make your check or money order payable to SYDA Foundation. Each month, please write "Monthly Dakshina Practice" and the month on the memo line of your check.

Residents of Countries in the European Union, European Economic Area, and Brazil:
To Permit this Offering to be Processed, Please Read the Privacy Notice and Check the Box Below.

❑ I agree that the information I provide on this card may be used exclusively by the SYDA Foundation and its credit card processors to process my offering and to send me, by mail and email, information about *dakshina*, the Siddha Yoga path, and the SYDA Foundation.

The SYDA Foundation will safeguard your personal data in compliance with the European Union General Data Protection Regulation and the Brazil General Data Protection Law. You may request access to, correction of, or deletion of, your personal data by sending an email to webmaster@syda.org.

To Offer Online: www.siddhayoga.org *(Online offerings are secure and made in US dollars.)*

Contact Us: Email MonthlyDakshinaPractice@syda.org, call (+1) 845-434-2000, extension 2390, or fax (+1) 845-640-5277. Changes to offerings made via automatic bank transfer or credit card (including changes in your credit card number and expiration date) must be received by the 12th of the month to be processed within that month.

If you are interested in arranging to offer *dakshina* by making a bequest, or if you have already done so, please contact the Planned Giving Department by email: PlannedGiving@syda.org or telephone: (+1) 845-434-2000, extension 1543. Planned Gifts (bequests) are directed to the SYDA Foundation.

Mail this form to: SYDA Foundation, Dakshina Office, PO Box 600, South Fallsburg, NY, 12779-0600 USA
You can also fax the form to (+1) 845-640-5277.