SIDDHAYOGA® MONTHLY DAKSHINA PRACTICE

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 Beginning a Monthly Dakshina Practice in the amount of US \$					
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	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.				
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	Your monthly offering will be charged on or about the 20th of each month.				
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То	Permit Proces	ssing of Your Offering, R	Read Privacy Notice	and Check Box Below	
	SYDA For	at the information I pro- undation and its credit ca mail, information about da	rd processors to proc	ess my offering and to se	nd me, by
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Т	o Offer Onli	ne: www.siddhayoga.	org (Online offering	gs are secure and made	in US dollars.)
or fax chang	(+1) 845-640	MonthlyDakshinaPractic -5277. Changes to offerir dit card number and exp t month.	ngs made via automa	atic bank transfer or crea	dit card (including

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.