

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

E-mail _____

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 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. Write "Monthly Dakshina Practice" and the month on the memo line.

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

Contact Us: If you have questions, or to begin, modify, or discontinue a **Monthly Dakshina Practice**, contact us in one of the following ways: call (+1) 845-434-2000, extension 2390, e-mail MonthlyDakshinaPractice@syda.org or fax (+1) 845-436-2197.

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.

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) 845-436-2197.