

Thank you for becoming a monthly recurring donor. By filling out this form you are committing to a monthly recurring donation via your bank account.

1. CONTACT INFORMATION:

Name: _____ ☐ Please list my name as anonymous

Address: _____

City: _____ State/Zip: _____

Phone: _____ Mobile Phone: _____

E-Mail: _____

Employer: _____

2. MONTHLY DONATION INFORMATION:

DONATION AMOUNT: ☐\$25 ☐\$50 ☐\$100 ☐\$250 ☐\$500 ☐\$1,000 ☐other: _____

BANK PAYMENT INFORMATION: *For Recurring Bank Account donations please fill out the information below or **simply attach a voided check**.*

Bank Name: _____

Account Number: _____ Bank Routing Number: _____

3. AUTHORIZATION:

I (we) hereby authorize the Sikh Coalition to initiate bank account transaction(s) in an amount only as authorized on this form.

Recipient Name: The Sikh Coalition (Tax ID Number: 22-3834037)

Signature(s): _____ Date: _____

4. MAIL/EMAIL THE FORM TO THE SIKH COALITION:

Please send in your form to the Sikh Coalition either by

- I. *Mailing address:*
The Sikh Coalition – Attn: Development – 50 Broad Street, Suite 504, New York, NY, 10004
- II. *Email:* Please email a scanned copy of the signed form (and voided check if needed) to donations@sikhcoalition.org.

Thank you for your ongoing support!



New York, NY | Fremont, CA | Washington, D.C.

National Office: 50 Broad Street, Suite 504 | New York, NY 10004

t: 212.655.3095 | f: 212.208.4611

www.sikhcoalition.org