



Sanatan Mandir



India American Cultural Center
1281 Cooper Lake Road, S.E., Smyrna, GA 30082
770-436-3719 – 770-334-7300
www.SanatanMandirAtlanta.org

Dollar-A-Day Pledge

1. Authorization to Charge my Credit Card for Payment:

I hereby authorize Sanatan Mandir to initiate monthly charge to my credit card account indicated below.

DONOR's NAME: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____

NAME ON THE CARD: _____

Credit card: VISA MC AMEX DISCOVER

CARD NUMBER: _____ Expires: _____ SECURITY CODE: _____

AUTHORIZED MONTHLY CHARGE AMOUNT: \$ _____

START DATE: ____/____/____ END DATE: ____/____/____

Authorized Signature: _____ DATE: _____

2. Authorization for Automatic Checking Account Withdrawl :

I hereby authorize Sanatan Mandir to initiate monthly debit entries to my (our) checking account indicated below and the bank named below.

DONOR'S BANK NAME: _____

CITY: _____ STATE: _____ BRANCH: _____

TRANSIT /ABA NO: _____ A/C No: _____

AUTHORIZED AMOUNT: _____ DONOR'S NAME: _____

This authority is to remain in full force and effect until Temple and Bank have received written notification from me (or either of us) of its termination in such time and in such manner as to afford Temple and Bank a reasonable opportunity to act on it.

DATE: _____ SIGNED: _____

(Please attach voided Check or deposit slip)