

**Chinmaya Mission Washington Regional Center –**

*An exempt organization under IRC 501(c)(3)*

**“CHINMAYA SOMNATH” -- Phase-1 Construction Contribution – Pledge Form –**

**From:**

Date: \_\_\_\_\_

Mr. /Mrs. / Miss : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**To:**

The Treasurer,  
 Chinmaya Mission Washington Regional Center  
 Attn: Prakash G. Soman,  
 6541 South Street, Falls Church, VA 22042

I/we Mr/Mrs/Miss \_\_\_\_\_ wish to pledge/pay my/our **tax deductible contribution** toward the construction costs of Chinmaya Mission Washington Regional Center’s “Chinmaya Somnath” building to be built at 4300 Pleasant Valley Road, Chantilly, Virginia, as indicated below. I/we understand that this contribution is in addition to my/our annual membership contribution.

<input type="checkbox"/>	<b>\$30.00 per month*</b>	<b>For two / three / five years</b>	<b>For a Total of \$ _____ per year</b>
<input type="checkbox"/>	<b>\$50.00 per month*</b>	<b>For two / three / five years</b>	<b>For a Total of \$ _____ per year</b>
<input type="checkbox"/>	<b>\$100.00 per month*</b>	<b>For two / three / five years</b>	<b>For a Total of \$ _____ per year</b>
<input type="checkbox"/>	<b>\$200.00 per month*</b>	<b>For two / three / five years</b>	<b>For a Total of \$ _____ per year</b>
<input type="checkbox"/>	<b>\$ _____ per month*</b>	<b>For _____ years</b>	<b>For a Total of \$ _____ per year</b>
<input type="checkbox"/>	<b>\$ _____</b>	<b>Lump sum payment</b>	<b>Enclosed Check# _____ Dated _____</b>
<input type="checkbox"/>	<b>\$ _____</b>	<b>Pledge</b>	<b>Payment will be mailed by date: _____</b>

**\* BANK DEBIT AUTHORIZATION**

I hereby authorize CMWRC to initiate debit entries for the amount of \$ \_\_\_\_\_ every month for a period of \_\_\_\_\_ years, **starting from** \_\_\_\_\_ **20**\_\_\_\_, **till** \_\_\_\_\_ **20**\_\_\_\_ to my Checking account indicated below for credit to CMWRC’s account with the Washington First Bank or such other bank as CMWRC may deem appropriate. *I will notify CMWRC immediately if there is any change to my Bank information.*

Name of Bank: \_\_\_\_\_

Transit/ABA Number. \_\_\_\_\_ Account Number: \_\_\_\_\_

**Note: Please attach one of your checks, marked "VOID," for verification of bank particulars.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Email: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone # : \_\_\_\_\_

\*\*\* Please mail this form to the address above and mark to “ATTN: Treasurer”. Make Checks payable to “CMWRC” \*\*\*

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