



I would like to pledge a monthly gift to support The PRASAD Project by having an automatic withdrawal from my checking/savings account each month.

Pledge amount \$ _____ per month.

Name _____

Address _____

City _____ State _____ Zip _____

Country _____

Home Phone () _____ Work Phone () _____

Fax () _____ E-Mail _____

My request shall remain in effect unless and until I notify The PRASAD Project, or my bank, that I wish to end or modify this agreement.

Signature _____ Date _____

If you would like to discuss increasing, decreasing or suspending your monthly gift, please call us at 845.434.0376
Or write
The PRASAD Project
465 Brickman Road
Hurleyville, N.Y. 12747
prasad@prasad.org

Return the completed enrollment form to the address listed above.
Your first direct bank payment will occur in 4-6 weeks.

Record your donation amount here: \$ _____.

Your contribution is fully tax deductible to the extent permitted by law. PRASAD acknowledges that no goods or services were received by the contributor in exchange for this contribution. The PRASAD Project is a 501 (c) (3) tax-exempt organization. A copy of the latest annual report of The PRASAD Project can be obtained from our office, or, from the Office of the Attorney General by writing to the Charities Bureau, 120 Broadway, New York, N.Y. 10271