



**Yes, I would like to support the work of Light of Berotsana.**

**Level of support** (Please check one)

- \$25     
  \$50     
  \$100     
  \$250     
  \$500  
 \$1,000     
  \$2500     
  \$5000     
  Other: \_\_\_\_\_

Gifts of any size are deeply appreciated. Light of Berotsana is a 501(c)3 corporation. Your donations are tax deductible to the extent allowed by law.

**I would like to give to Light of Berotsana in the following way(s):**

**Enclosed is my check in the amount of \$** \_\_\_\_\_ *(Please make checks payable to Light of Berotsana)*

**Automatic Bank Withdrawal** – United States only *(Please attach a check for your first gift)*

Please withdraw \$ \_\_\_\_\_ from my checking account  Monthly  Quarterly

I hereby authorize my bank to debit my account and pay Light of Berotsana the amount(s) shown and in accordance with the terms and conditions indicated. I understand the electronic transfer will continue unless I notify Light of Berotsana in writing that I wish to terminate this Automatic Bank Withdrawal.

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

**Credit Card Payment**       Master Card       Visa       American Express       Discover

One Payment of \$ \_\_\_\_\_  Monthly payments of \$ \_\_\_\_\_

Quarterly Payments of \$ \_\_\_\_\_  Other \_\_\_\_\_

Cardholder's name: *(Please print)* \_\_\_\_\_

Credit Card number: \_\_\_\_\_

I hereby authorize Light of Berotsana to charge my credit card account in the amount (s) indicated and in accordance with the terms and conditions indicated.

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

Please complete page 2 of this form. Thank you.

**Provide the following information: (Please print)**

My name: \_\_\_\_\_

Title:  Mr.     Ms.     Miss     Mrs.     Dr.     Other \_\_\_\_\_

My address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

If you wish to make your contribution a memorial or honorarium, please provide:

In memory of: \_\_\_\_\_

In honor of: \_\_\_\_\_

Acknowledgement to be sent to: \_\_\_\_\_

Address: \_\_\_\_\_

*Your gift may be doubled or even tripled if you (or your spouse) work for a company with a matching gift program. Please ask your human resources department for details.*

I have already included Light of Berotsana in my will/estate plan.

I am interested in including Light of Berotsana in my will/estate plan.

I am interested in learning about Light of Berotsana volunteer opportunities.

Please complete this form, and mail it to:

Light of Berotsana  
P.O. Box 124  
Ashland, Oregon 97520

Thank you for your generous gift.

May all beings be happy!