

Charitable Donation Form

Your 100% tax-deductible donation to MySahana will help fund outreach and educational services to South Asians living with or helping someone live with mental health issues. Your contribution will help advance MySahana's mission to break the stigma about mental health and increase knowledge so South Asians can make more informed decisions about their overall health.

Personal Information

Name _____
Street address _____
City _____ State _____ Zip Code _____
Phone Number _____ Email _____
 Please list me as an Anonymous donor on MySahana's website and e-publication.

Billing Information

Same as above
Name _____
Street address _____
City _____ State _____ Zip Code _____
Phone Number _____ Email _____

Credit Card Information

Name listed on card _____
Credit Card # _____ CSC Code _____
Expires _____ Card type: Visa MasterCard Discover American Express

Donation Amount

Please make checks and money orders payable to MySahana.
 \$1000 \$500 \$250 \$100 \$75 \$50 \$25 Other (USD) _____
I would like this to be a (check one) monthly one-time donation. *(for credit cards only)*

Donation Tribute

In honor of In Memory of _____
 Occasion _____
 Please do not publicize my donation tribute.

Please check one of the following boxes and sign below.

I have enclosed a (please check one) check (Check # _____) or money order.
 I agree to let MySahana charge my Credit Card / ATM card the amount of \$ _____ per (circle one) month / one time donation. I also understand that MySahana is using PayPal to process all credit card donations.

Signature of Donor

Date

Print Name

Please mail this form and a check or money order (no cash please) to
MySahana
PO Box 361301
Milpitas, CA 95036-1301