

**Donation Amount: \$** 

## **Hindu Temple and Cultural Center of Wisconsin**

American Hindu Association
P O Box 55405, Madison, WI 53705
(A Non-Profit Organization ~ Tax ID: 39-1945997)
www.americanhindu.net



## **Temple Donation - Donor Proxy Form**

This form is to be filled and signed by a donor who is making a donation on behalf of another party.

This donation will be recorded in temple records in the name of the party on whose behalf the donation is being made. Both parties collectively absolve **American Hindu Association** and **Hindu Temple and Cultural Center of Wisconsin**, and its representatives, in regards to all future reporting/recording of the said donation. All donations are subject to IRS tax regulations and will be appropriately receipted by an authorized representative of AHA.

Date:

Donation Made By:			
Name:			
Address:			
State: Zip: _	Co	ountry:	
Signature:			
This donation is made.	🔲 In Hono	or of	☐ In Memory of
Dedicated To:			
Name:			(Require
Address:			
State:	Zip:	Cour	ntry:
			generous support of al Center of Wiscons
	For	AHA Offi	icial Use
Received By:			
Date:			