



Hindu Temple & Cultural Center of Wisconsin
American Hindu Association
P.O. Box 628243 Middleton, WI 53562
A Non-Profit [501(C)(3)] Organization. Federal ID: 39-1945997
All donations to AHA are tax-deductible per IRS Regulations.



One Time Donation / Pledge Form

I wish to support the AHA Temple Building Project with a financial pledge or donation:

- Platinum Donor: Donation of \$5,000 & up
- Gold Donor: Donation of \$2,500 & up
- Silver Donor: Donation of \$1,000 & up
- Bronze Donor: Donation of \$500 & up
- Other: Donation of \$ _____

My donation of \$ _____ is enclosed.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

Email address: _____

Signature: _____ Date: _____

Make checks payable to American Hindu Association
All donations to AHA are tax deductible per IRS regulations



**Hindu Temple & Cultural Center of Wisconsin
American Hindu Association**



P.O. Box 628243 Middleton, WI 53562
A Non-Profit [501(C)(3)] Organization. Federal ID: 39-1945997

All donations to AHA are tax-deductible per IRS Regulations.

Monthly Sponsorship Electronic Funds Transfer (EFT) Authorization

All donations count towards the Sponsorship Categories

Name: _____

Spouse: _____

Address: _____ Apt. _____

City _____ State _____ Zip _____

E-Mail _____ Phone # (____) _____ - _____

*Employee Matching Gift Program (Circle One): YES / NO

Employer: _____

Monthly Sponsorship Amount: \$150.00 \$100.00 \$50.00 \$30.00 Other: \$ _____

Start Date: ____/____/____ Checking Savings

Name of the Financial Institution: _____

Account #: _____ Bank Routing #: _____

Electronic Funds Transfer Statement of Authorization:

I do hereby give permission to AHA and their banking institution to debit the authorized amount stated above once every month. This authorization will be valid until revoked by me in writing to AHA. I understand that this is a tax-deductible donation to AHA and I will receive an acknowledgement of my yearly contribution in the month of January the following year.

Signature(s) of Account Holder(s) (Mandatory) _____/_____/_____
Date

Please mail this form along with a voided check to the address given below. Within the next two months, you will begin to see the deducted amount on your bank statement (deducted the first week of each month).

**Many organizations match dollar for dollar any donation you make to a non-profit organization. Please check with HR Dept. of your organization and send the relevant completed forms along with this form. Please keep a copy of this form for your records.*

American Hindu Association
P.O. Box 628243
Middleton, WI 53562

Phone: 608-234-8634
E-mail: whindu@yahoo.com
Website: <http://aha-svtemple.org>

AHA Greatly Appreciates All Your Contributions.