



Name _____

Address _____

Phone _____ Email _____

Your name(s) as you wish to be acknowledged _____

Or I/We prefer to remain anonymous.

All contributions will be publicly acknowledged unless anonymous.

I would like my donation to be applied to:

Where it's needed most

Scholarships

Operating Support

Dr. Marlene Jones People of Color Scholarship

Total Gift Amount \$_____

I would like to donate this amount each month to be debited on the 5th or 20th (**circle one**) of every month

Please make contributions payable to **Spirit Rock Meditation Center**

Payment method: Check Visa/MC Stock Direct Debit (recurring gifts only)

Checking Routing No _____ Checking Account Number _____

Credit Card Number _____ Exp. Date _____

Signature: _____ Date _____

THIS GIFT IS OFFERED IN HONOR/MEMORY OF _____

**If you would like this Honoree to be acknowledged, please provide contact information below:*

Address _____ Phone Number _____

Please mail this form to:

Development Department
Gift Processing
PO Box 169
Woodacre, CA 94973

Your generosity is precious. Thank you for supporting the development of wisdom and compassion in the world.