

**Sri Viswayogi Viswamjee Foundation for Universal Integration and
Peace
(SVVFUIP)**

Registered 501(C) 3 Non-profit Organization

P.O Box 9501 Naperville IL 60567-9501

www.viswaguru.com

VIMS Free Mother & Child Care Hospital Fund

I hereby authorize SVVFUIP to charge my credit card every month an amount of \$_____ to support VIMS Free Mother and Child Care Hospital.

Name: _____

Address; _____

Phone Number: _____

Email ID: _____

Credit Card No: _____

EXP Date: ____/____ CSC _____

Signature: _____

1. Charge will appear as SVVFUIP in your Credit card statement.
2. You will also receive an email confirmation from service@paypal.com every month.
3. At the end of year, you will receive a consolidated receipt for funds donated for filing tax return.
4. To change the credit card or terminate your contribution please inform in writing SVVFUIP P.O Box 9501 Naperville IL 60567-9501 or Balakrishna Panuganti at (630) 922-6130.