



Vaishnav Parivar of Connecticut
Vallabhdham

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હે પ્રભુ, વૈષ્ણવ પરિવારના નિભાવની જવાબદારી હું મારી પોતાની સમજુ છું. એના ભાગ રૂપે હું મારો ફાળો નિયમિત અને ખાત્રીપૂર્વક આપીશ. શ્રીજી કૃપા કરજો.

It is my personal responsibility to support the Vaishnav Parivar. I promise to offer my financial contribution in a committed and timely manner. Thakorji give me the strength to fulfill my promise.

૨૫૨ વૈષ્ણવ - 252 Vaishnav form

Contact Information

Last Name : _____

First Name : _____

Spouse Name : _____

Home Phone # : _____

Cell Phone # : _____

Work Phone # : _____

Street Address : _____

City : _____

State : _____ Zip _____

Email : _____

I authorize VPOFCT and the financial institution named above to initiate entries to my Bank account. This authority will remain in effect until I notify VPOFCT by email, fax or mail within 15 days of payment transmittal.

Signature

Date

Pledge Information

I would like to pledge

- \$ 100 / month for 36 months (3 years)
 \$ 300 / quarter for 12 quarters (3 years)
 \$ 600 / half yearly for 3 years
 \$ 1200 / year for 3 years
 \$ 3600 One time

Payment Information

Electronic Fund Transfer (EFT)

Bank Name _____

Checking Savings

Account # _____

Routing # -----

Signature of Account Holder

Date:

Payment by Check _____

Payment by Cash \$ _____

Vaishnav Parivar of Connecticut / Tavasmi Group of Connecticut

www.vpofct.org, www.vallabhdham.org

Vaishnav Parivar of CT is a 501(c)(3) registered organization, and all donations are tax-deductible.