

Maharishi Purusha Program Donation Form

Please, print and fill out the donation form, then

mail it with your payment to: _____ **or** _____ **fax it to: 509-267-5767**
Maharishi Purusha Program
3087 Solutions Center
Chicago IL 60677-3000

First Name _____ Last Name _____

Address _____ City _____

State _____ Zip _____ Country _____

Phone(home) _____ (work) _____

Fax _____ E-mail _____

Check

My check is enclosed for \$ _____ Check # _____

(Please make checks payable to "Maharishi Purusha Program")

Credit Card or Bank Account Automatic Withdrawal

I authorize Maharishi Purusha Program to collect \$ _____

(please choose one): monthly one time for the month of _____

from my (please choose one): Visa Master Card American Express

Bank Account (for automatic withdrawals from a checking or savings account, please enclose a voided check or deposit slip.)

Billing Address (if different) _____ City _____

State _____ Zip _____ Country _____

Credit.card.# _____ Expiration date _____

Name on credit card _____ Signature _____

All donations go into a general fund which is under the full control of the
Maharishi Purusha Program. This donation was inspired by:

Name _____

For more information, please call: 800-835-0240 or email: donations@purusha.org

Thank you for your generous support