

**Charitable Donation Form**

*Your 100% tax-deductible donation to MySahana will help fund outreach and educational services to South Asians living with or helping someone live with mental health issues. Your contribution will help advance MySahana's mission to break the stigma about mental health and increase knowledge so South Asians can make more informed decisions about their overall health.*

**Personal Information**

Name \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Email \_\_\_\_\_  
 Please list me as an Anonymous donor on MySahana's website and e-publication.

**Billing Information**

Same as above  
 Name \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**Credit Card Information**

Name listed on card \_\_\_\_\_  
 Credit Card # \_\_\_\_\_ CSC Code \_\_\_\_\_  
 Expires \_\_\_\_\_ Card type:  Visa  MasterCard  Discover  American Express

**Donation Amount**

*Please make checks and money orders payable to MySahana.*  
 \$1000  \$500  \$250  \$100  \$75  \$50  \$25 Other (USD) \_\_\_\_\_  
 I would like this to be a (check one)  monthly  one-time donation. *(for credit cards only)*

**Donation Tribute**

In honor of  In Memory of \_\_\_\_\_  
 Occasion \_\_\_\_\_  
 Please do not publicize my donation tribute.

**Please check one of the following boxes and sign below.**

I have enclosed a (please check one)  check (Check # \_\_\_\_\_) or  money order.  
 I agree to let MySahana charge my Credit Card / ATM card the amount of \$ \_\_\_\_\_ per (circle one) month / one time donation. I also understand that MySahana is using PayPal to process all credit card donations.

\_\_\_\_\_  
 Signature of Donor

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name

Please mail this form and a check or money order (no cash please) to  
**MySahana**  
 PO Box 361301  
 Milpitas, CA 95036-1301