

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

Registered 501(C) 3 Non-profit Organization
P.O. BOX 17614 Jacksonville FL 32245-7614
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 your tax returns.
4. To change the credit card or terminate your contribution please inform in writing Viswayogi Viswamjee Foundation P.O. BOX 17614 Jacksonville FL 32245-7614. or Murthy Kota at (904) 534-5970.