



Auroville International

U.S.A.

Tax Deductible Donation Form for Check & Credit Card Donations

Project Specifications		<input type="checkbox"/> Please send me information on how to include Auroville or AVIUSA in my will or trust (Planned Giving)	
Amount	Project	Amount	Project
\$ _____	<input type="checkbox"/> Unspecified Donation to Auroville	\$ _____	<input type="checkbox"/> Village Action
\$ _____	<input type="checkbox"/> Auroville Land Fund	\$ _____	<input type="checkbox"/> Greenwork
\$ _____	<input type="checkbox"/> Matrimandir	\$ _____	<input type="checkbox"/> Tibetan Pavilion
\$ _____	<input type="checkbox"/> USA Pavilion	\$ _____	<input type="checkbox"/> Unity Pavilion
\$ _____	<input type="checkbox"/> Creativity Housing Project	\$ _____	<input type="checkbox"/> AVIUSA Operating Expenses *
\$ _____	<input type="checkbox"/> AVIUSA Membership (\$120 min). For monthly payments, use our online form		
\$ _____	<input type="checkbox"/> Other:		
Payment Information			
Payment Type	<input type="checkbox"/> Check or Money Order		<input type="checkbox"/> Credit Card:
Instructions: Please make checks payable to Auroville International USA (or AVIUSA), specified in the notes field for any project of your choice and then send it to: Auroville International USA P.O. Box 1534 Lodi, CA 95241-1534 You may also make donations online with your credit card at: www.aviusa.org , or by phone by calling AVIUSA's toll-free donation line: 1 (866) 2-HELP-AV Thank you for your financial support! * Please note that AVIUSA takes a 1/12 th deduction (8.33%) from donations to cover its operating expenses.	<input type="checkbox"/> Discover		<input type="checkbox"/> American Express
	<input type="checkbox"/> Visa		<input type="checkbox"/> MasterCard
	Card Number:		
	Exp ____ / ____	CVV:	Total: \$
	Signature:		
	Date: _____		
	Name on Card		
	Billing Address		
	Email		
	Phone () -		