



# Sikh Coalition Donation Form

Yes, I want to End Discrimination against Sikhs!

The Sikh Coalition is working night and day to create an institution that will protect and preserve the Sikh way of life. We all feel from the bottom of our hearts that Sikhi is beautiful and should be celebrated, rather than be attacked or subject to discrimination and degradation. It is time the world both respected and loved our Sikh way of life.

In order to institutionalize our work, we need support that we can count on year after year and respectfully request your *recurring* financial commitment to sustain our work. As an IRS registered non-profit, **your donation is tax deductible.**

## **Step 1**      *Personal Information* (Please fill in *all* information)

Donor Name(s) \_\_\_\_\_  
Billing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_  
E-mail address \_\_\_\_\_ Employer \_\_\_\_\_

## **Step 2**      *Donation Information*

### **Frequency**

☐ One Time    ☐ Monthly Recurring

### **Amount**

I would like to give:    ☐ \$50    ☐ \$100    ☐ \$250    ☐ \$500    ☐ \$1,000    ☐ Other \_\_\_\_\_

### **Source**

☐ Check/Cash    ☐ Credit Card    ☐ Bank Account

## **Step 3**      *Payment Information*

### **For Credit Card Donation Only**

Name on Card: \_\_\_\_\_

Credit Card Type (Please circle one)    Visa            MasterCard            American Express

Credit Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Card Security Code \_\_\_\_\_ (on back)    Expiration Date: \_\_\_\_\_

### **For Recurring Bank Account Donations Only**

Bank Name \_\_\_\_\_ Bank Account # \_\_\_\_\_

Bank Routing Number \_\_\_\_\_

*Or send a voided check to the Sikh Coalition attached to this form.*

## **Step 4**      *Authorization*

I (we) hereby authorize the Sikh Coalition to initiate either credit card or bank account transaction(s) in an amount only as authorized on this form.

**Recipient Name**      Sikh Coalition      **Tax ID Number**      22-3834037

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Please send this form along with your donation (or voided check if donating through your bank account) to:  
The Sikh Coalition, 40 Exchange Pl., Suite 728, New York, NY 10005