



# Supporting Membership Pledge Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Huntington     Port Jefferson     Massapequa     Other: \_\_\_\_\_

I would like to become a volunteer at Dipamkara, please contact me.

## Monthly Pledge (select one)

- \$75 Individual
- \$95 Family\*
- \$95 Individual - includes FP or TTP classes
- \$115 Family\* - includes FP or TTP classes

\*Name on second membership card: \_\_\_\_\_

## Payment Information

Credit Card     Visa     MasterCard     Discover

Debit Card     Visa     MasterCard     Discover

Card Number:

□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Security Code:  
(3 digits on back)

□	□	□
---	---	---

Expiration Date:

□	□	□	□
---	---	---	---

I authorize Dipamkara Meditation Center to automatically deduct my pledge each month.

Signature: \_\_\_\_\_

*Offering the Path of Wisdom and Compassion*