

The Kripalvananda Yoga Institute, Inc.

c/o Robert Rodini
503 Raintree Ln.
Malvern, PA 19355
email: donations@kyifamily.org

Donation Form

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____

Enclosed is my gift of:

\$25 \$50 \$100 \$250 \$500 \$1000 Other \$_____

(Please make check payable to KYI)

Monthly Donation Pledge: I would like to offer continuing support to KYI through a monthly donation of:

\$10/month \$27/month \$54/month \$108/month \$_____/month

This is a Gift:

In memory of: _____

In honor of: _____

The Kripalvananda Yoga Institute, Inc. is a 501(c)(3) tax-exempt organization. Your financial contribution may be tax-deductible to the extent allowed by law. Please consult with your financial advisor to determine the extent of tax deductibility.