

Donation to Root Institute

Print this form, complete it and post it to the address below along with your Bank Draft or Money Order (payable to 'FPMT' in US Dollars) or credit card details (card details may be faxed). US Residents ONLY may send a personal cheque..

Root Institute for Wisdom Culture
Accounts Department
FPMT International Office
1632 SE 11th Avenue
Portland, OR 97214-4702 USA

| I wish to contribute to: | Amount US \$ |
|--|---------------------|
| <input type="checkbox"/> General Donation | |
| <input type="checkbox"/> Health Care Centre General Donation | |
| <input type="checkbox"/> Polio Patient \$150 | |
| <input type="checkbox"/> TB Patient \$230 | |
| <input type="checkbox"/> Light Offering | |
| | Total: |

Name:

Address:

City:

State:

Zip / Post Code:

Telephone:

Fax:

E-mail:

Enclosed is my:

Bank Draft

Money Order

Card Type:

Visa

MasterCard

Credit Card Number:

/ / /

Expiry Date:

/

Dedication (if desired), or notes about your donation

Note: FPMT does not issue tax receipts for donations to Root Institute.