

Gujarati Association of CT

Jya Jya Vase Ek Gujarati Tya Tya Garvi Gujarat

Donor Information (please print or type)

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	

Pledge Information

I (we) pledge a total of \$_____ to be paid:
___ now ___ monthly ___ quarterly ___ yearly.

I (we) plan to make this contribution in the form of:
___ cash ___ check ___ other.

Event

Diwali Function

Holi Function

Gurjari Publication

Other

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

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____ I (we) wish to have our gift remain anonymous.

Signature(s)

Date

Please make checks, corporate matches, or other gifts payable to:

Gujarati Association of Connecticut