

Ananda Dharma Center  
Membership Form

**Membership Information (please print or type)**

Name	
Billing address	
City, State, Zip Code	
Telephone	
E-Mail	

**Donation Information**

I (we) pledge a total of \$\_\_\_\_\_ to be paid monthly.

I (we) plan to make this contribution in the form of: \_\_\_ cash\_\_\_ check \_\_\_credit card.

Credit card type	
Credit card number	
Expiration date	
Authorized signature	

Please make checks or other gifts payable to:

**Ananda Dharma Center**  
122 North 5<sup>th</sup> Street, San Jose, CA. 95112  
(408) 885-1522  
Email: [info@anandadc.org](mailto:info@anandadc.org)