**I AM YOGA Wellness Studio**

**DONATION CONTRIBUTION FORM**

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| **Person Making Donation** | |
| Name: |  |
| Address: |  |
| Email Address: |  |
| Contact Phone Number: |  |

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| **Donation Specifics** | |
| I am donating the following amount to the I AM YOGA Wellness Studio: |  |
| I would like my donation to go to one or more of the following:  🗸Check any that apply   |  |  | | --- | --- | | Studio fees for a student unable to pay for regular class attendance.  Student name if you want to assist someone specific:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | | Payment of fees for Yoga Teacher Training (Per student cost: $2,200).  Student name if you want to assist someone specific:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | | Upgrading of studio facility |  | | Purchase of props for Yoga classes |  | | Other: |  | | |
| I would like my donation to be anonymous | YES 🗆 NO 🗆 |
| Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |