**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

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| --- | --- |
| 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |