



ੴ ਸਤਿ ਨਾਮੁ ਕਰਤਾ ਪੁਰਖੁ ਨਿਰਭਉ ਨਿਰਵੈਰੁ ਅਕਾਲ ਮੂਰਤਿ ਅਜੂਨੀ ਸੈਭੰ ਗੁਰ ਪ੍ਰਸਾਦਿ ॥

**SINGH SABHA GURDWARA**  
12001 Braddock Road, Fairfax, VA



## Contribute Your Dasvandh

**YES, I would like to contribute a part of my Dasvandh to support the Singh Sabha Gurdwara:**

- \$31 per month                       \$51 per month                       \$101 per month  
 \$151 per month                       \$251 per month                      \_\_\_\_\_ Other Amount

Name \_\_\_\_\_ Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone (\_\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_\_) \_\_\_\_\_  
E-mail address \_\_\_\_\_

### For Recurring Donors

I (we) hereby authorize the SINGH SABHA GURDWARA, hereinafter called RECIPIENT, to initialize debit entries to my (our) checking account indicated below and the bank named below, hereinafter called DEPOSITORY, to debit the same to such account.

Recipient Name: SINGH SABHA GURDWARA                      Tax ID Number: 54-1910131  
Bank Name (DEPOSITORY) \_\_\_\_\_ Bank Account # \_\_\_\_\_  
Bank Routing Number \_\_\_\_\_

This Authority is to remain in full force until RECIPIENT has received written notification from me of its termination in such a manner as to afford RECIPIENT and DEPOSITORY a reasonable opportunity to act on it.

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(in case of joint account)

Please send a Voided Check and the Completed Form to the address listed above.

**\*\*\*Year End Tax Statements will be e-mailed automatically**

For questions, contact Arvinder @ 703-405-4589  
www.ssgva.com