



Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Your name(s) as you wish to be acknowledged \_\_\_\_\_

Or  I/We prefer to remain anonymous.

All contributions will be publicly acknowledged unless anonymous.

I would like my donation to be applied to:

Where it's needed most

Scholarships

Operating Support

Dr. Marlene Jones People of Color Scholarship

Total Gift Amount \$\_\_\_\_\_

I would like to donate this amount each month to be debited on the 5th or 20th (**circle one**) of every month

Please make contributions payable to **Spirit Rock Meditation Center**

Payment method:  Check       Visa/MC       Stock       Direct Debit (recurring gifts only)

Checking Routing No \_\_\_\_\_ Checking Account Number \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

THIS GIFT IS OFFERED IN HONOR/MEMORY OF \_\_\_\_\_

*\*If you would like this Honoree to be acknowledged, please provide contact information below:*

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Please mail this form to:

Development Department  
Gift Processing  
PO Box 169  
Woodacre, CA 94973

Your generosity is precious. Thank you for supporting the development of wisdom and compassion in the world.