

Please print, fill out, and mail to
Vaisnavas C.A.R.E. Inc.
P. O. Box 2591
Alachua, FL 32616-2591
USA

Legal Name: _____

Vaisnava Name: _____

Address: _____

Phone Number: _____

Amount of Donation: _____

Please make checks out to Vaisnavas C.A.R.E. Inc.

Thank you for your kind donation

You will receive a receipt for your tax records within 7-10 business days

www.vaisnavascare.com