



Shambhala Meditation Center of Chicago

7331 N. Sheridan Road, Chicago IL 60626

773-743-8147

I (We) wish to support the ongoing programs, practice and maintenance needs of the Center in the following way:

- I am a member of Shambhala and am increasing my pledge to \$_____month/year (please circle one). If initiating automatic monthly withdrawal, **please enclose a voided check.**
- I would like to become a member of Shambhala and pledge a monthly/yearly (please circle one) contribution of \$_____. For automatic monthly withdrawal **please enclose a voided check.**
- I would like to be a friend of Shambhala and making a donation of \$_____to the Shambhala Meditation Center of Chicago.

_____ I wish to participate in the Center's automatic monthly withdrawal donation program. *If you have a checking account, this is HIGHLY recommended. Payments are made on the 15th of each month and can be started, stopped or adjusted with a simple call or email to the Center Treasurer, Ellen Schweri 773-725-6879, ellen28@core.com.*

(ATTACH a voided personal check)

OR

_____ I wish to make my donation as follows: (Please describe how you will make your payments).

Name(s)_____

Address_____

City_____State_____ZIP_____

Telephone_____Email:_____

Please attach voided check here
