MIRVARI INTERNATIONAL FOUNDATION

P.O. Box 250754
New York, NY 10025
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www.mirvari.org

Thank you for supporting Mirvari International Foundation, Inc.

Title First Name Last Name

Street Address Apt./Unit

City State ZIP/Postal Code

Country Phone Number

Email

I would like to provide: ☐ financial support ☐ organizational support

I would prefer to support: ☐ IT Project ☐ Health Project

I wish to make the following contribution(s) to Mirvari International Foundation for the duration of minimum one (1) year:

Option 1 - Standard:

☐ Student - $15 per month ☐ paid monthly

☐ Professional - $23 per month ☐ paid in total once a year

☐ Family - $36 per month

Option 2 - Premium:

Gift of $ _____ ☐ paid monthly

☐ paid in total once a year

Option 3 - In Kind Donation:

Please specify _____ (e.g. computer, etc.)

I would prefer to be listed on the website:

☐ by my name ☐ as anonymous contributor

☐ I would like to be receiving emails with the updates and news related to MIF.

Signature X

Date m m d d y y