



YES, I WOULD LIKE TO EXPRESS MY CONTINUING COMMITMENT TO SUPPORT THE WORK OF LAMA SURYA DAS AND HIS ASSOCIATE TEACHERS THROUGH MEMBERSHIP IN DZOGCHEN CENTER

**Membership Level**

**Contribution options** (please select one)

**Patron** \$1200 per year

- one annual payment of \$1200
- monthly credit card installments of \$100

**Sustaining** \$600 per year

- one annual payment of \$600
- monthly credit card installments of \$50

**Regular** \$300 per year

- one annual payment of \$300
- monthly credit card installments of \$25

I would like to add an additional contribution

- as a single payment of \$\_\_\_\_\_
- as a monthly installment of \$\_\_\_\_\_

- I am unable to contribute at the levels described above, but would like to make a contribution in the amount of \$\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(street/apt #) (city) (state) (zip)

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

**PAYMENT BY CHECK**

Single annual payments may be made by check to **Dzogchen Foundation**. Please enclose your check with this completed form and mail to PO Box 340459, Austin, TX 78734.

**PAYMENT BY CREDIT CARD (MASTER CARD OR VISA ONLY)**

Single annual payments and monthly installments may be made by credit card.

- I authorize you to charge \$\_\_\_\_\_ each month to the card below (note: monthly credit card payment authorizations are recurring until revised or revoked).
- I authorize you to charge \$\_\_\_\_\_ as a one-time payment to the card below.

Credit Card: \_\_\_MasterCard \_\_\_Visa (please indicate)

Cardholder name (as it appears on card): \_\_\_\_\_

Number: \_\_\_\_\_ Exp.(mo/yr): \_\_\_ / \_\_\_

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

Your name (but not your contact information) will be included in our public membership lists unless you request otherwise here:

- Please do not include my name in the lists of members available to others.

All members are entitled to a 10% discount on all items purchased through the Dzogchen Center Bookstore.

Thank you very much for supporting Dzogchen Center.