



*Auroville International*

U.S.A.

**Tax Dexuctible Donation Form for AVIUSA Memberships**

<b>Yes, I would like to support Auroville's work in the USA by becoming a member of AVIUSA.</b>			
<b>Contact Information</b>			
Title (circle one): Mr. Miss Mrs. Ms. Dr. Prof.		Home Phone:	
First Name:		Work Phone:	
Family Name:		Email address:	
Company:		<b>Membership Options</b>	
Street address:		Annual payment (\$120 min)	<input type="checkbox"/> \$_____
City:	State:	12 monthly payments of (\$10 min)	<input type="checkbox"/> \$_____
Zip:	Country:	Additional one-time donation	<input type="checkbox"/> \$_____
<b>Payment Information</b>			
<b>Payment Type</b>		<input type="checkbox"/> Credit Card:	
<input type="checkbox"/> Check or Money Order		<input type="checkbox"/> Discover	<input type="checkbox"/> American Express
<b>Instructions:</b> Please make checks payable to Auroville International USA (or AVIUSA), and in the notes field, specify "AVIUSA annual membership" and then send it to:  <b>Auroville International USA</b> <b>P.O. Box 1534</b> <b>Lodi, CA 95241-1534</b>  You may also pay your membership dues online with your credit card at: <a href="http://www.aviusa.org">www.aviusa.org</a> , or by phone by calling AVIUSA's toll-free donation line:  <b>1 (866) 2-HELP-AV</b>  Thank you for your support of AVIUSA's work.		<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
		Card Number:	
		Exp ____/____	Total Charge: \$
		Signature:	
		Date: _____	
		Name on Card	
		Billing Address	
		Email	
		Phone (     )     -	