



Jain Temple of Virginia

3656 Centerview Dr Unit 5 Chantilly VA – 20151
 Phone – 571-299-6688 Email: contact@jaintempleva.org

www.jaintempleva.org

Derasar Donation Form

Name : _____ Profession _____
 (First) (Last)

Spouse : _____ Profession _____
 (First) (Last)

Address : _____

Home: _____ Cell: _____ Email: _____

Description	Total Amount
Sadharan Donation - \$276 p.a.	
Membership Dues - \$500 Life membership	
Pathshala - \$100 per kid p.a.	
Swamivatsalya	
Gheeboli – Devdravya	
Kayami (Lifetime) Tithi - \$504 per date Date:	
Other -	
Total	\$

Mode of Payment:

Cash: \$ _____ Check: \$ _____ Paypal : \$ _____	Credit Card Detail: CC Number : _____ Expires: _____ Phone: _____ Zip Code: _____ Sign: _____
---	---

Direct Debit: I hereby authorize to withdraw \$ _____ from my following bank account. Bank Name _____ Bank Routing _____ Bank Account number _____

Member Signature: _____ Date: _____