



Grant the Wish
Donor and Recipient Application

Name: _____ Date: ____ / ____ / ____
Address: _____
City: _____ State: _____ Zip: _____
Phone (home): _____ Phone(mobile/work): _____

Donor Application

Please complete the following questions and submit your donation in a sealed envelope. A receipt will be mailed to you.

1. Amount of Donation:\$ _____ Payment Type: Cash Check Visa/MC
2. Card No: _____ Expiration Date: ____ / ____ / ____

- 3. Do you wish to donate to a specific program? Yes or No (circle one)
- 4. Do you want your donation to be anonymous? Yes or No (circle one)
- 5. If Yes, please check which program you would like your donation to support. You may divide your donation amongst more than one area:

- Yoga Classes Amount:\$ _____
- Yoga Workshops Amount:\$ _____
- Yoga Props and Supplies Amount:\$ _____
- Yoga Teacher Training Amount:\$ _____

6. Do you have a specific person in mind in the It's Yoga community that you would like your donation to go to? Yes or No (circle one)

7. If yes, please list the person(s) here:

Name: _____ Amount:\$ _____
Name: _____ Amount:\$ _____
Name: _____ Amount:\$ _____

8. Do you want your donation to be anonymous? Yes or No (circle one)

Recipient Application

Please complete the following questions and submit your application to It's Yoga in a sealed envelope.

1. Amount you are requesting:\$ _____

2. For which program do you need funding?

- | | | |
|--|-----------------|---------------------------------|
| <input type="checkbox"/> Yoga Classes | Amount:\$ _____ | Type of Pass:_____ |
| <input type="checkbox"/> Yoga Workshops | Amount:\$ _____ | Name of Workshop:_____ |
| <input type="checkbox"/> Yoga Props and Supplies | Amount:\$ _____ | Name of Products:_____ |
| <input type="checkbox"/> Yoga Teacher Training | Amount:\$ _____ | Weekend or 1 Month & Year:_____ |

3. What is your monthly net income? \$ _____

4. Why do you need financial assistance?

5. Signature: I certify the above statements are true and that I have answered the questions in this application honestly and to the best of my ability.

_____ Date: ____ / ____ / ____
name