



Donor name(s): _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

From January 1, 2026 - December 31, 2026

INSTRUCTIONS:

I will pay: Weekly Amount \$ _____

Monthly Amount \$ _____ Annual Amount \$ _____

by: Check Cash Credit Card Other

I would like to contribute time and talent. _____

AUTOMATIC GIVING PROGRAM

INSTRUCTIONS FOR CREDIT CARD: Please use PayPal (<https://csltacoma.org/donate-online/>) or Breeze (<https://csltacoma.breezechms.com/give/online>) to establish a recurring Credit Card transaction.

By signing below, I/we are committing to the following donation/pledge to Center for Spiritual Living-Tacoma.

Signature _____

Date _____

Center for Spiritual Living-Tacoma is 501(c)3 Non-Profit Corporation, Federal Tax ID 91-1233291. All donations are tax-deductible for the full amount less the value of any goods and/or services received. For more information, please call (253) 625-7934

THANK YOU FOR YOUR SUPPORT!