

PPI Membership & Contribution Form

Name: _____

Address: _____ City _____

State _____ Zip _____

E-mail: _____ Phone: () _____

Membership: \$ _____ (\$25/Family, \$15 Single/Year);

Contribution: \$50 _____ \$100 _____ \$250 _____ \$500 _____ Other \$ _____

Enclosed is a check for: \$ _____
(If your employer matches your gift, please provide the name _____)

{IRS Code 501(c) (3) Tax Exempt, ID No. 91-1057315}

Please make your checks payable to "*People for Progress in India*" and mail it with this form to:

People for Progress in India (PPI), P.O. Box 51231, Seattle, WA 98115-1231