

**HINDU MANDIR OF CENTRAL NEW YORK, INC.**  
**A Religious Not-for-Profit Corporation**

**LETTER OF COMMITMENT FOR MEMBERSHIP**

The undersigned hereby states that he/she has submitted a formal application for membership as a member in the Hindu Mandir of Central New York, Inc., a religious not-for-profit corporation (the "Corporation").

I have made the required initial contribution equal to or more than one year's dues for the category of membership requested during the previous twelve months. I hereby pledge to contribute annually for the following four years or I may make an additional one-time lump sum contribution of the total amount as checked below:

Benefactor Member \$5,000/years for four (4) years or Lump Sum \$25,000

Patron Member \$2,000/year for four (4) years or Lump Sum \$10,000

Sustaining Member \$1,000/year for four (4) years or Lump Sum \$5,000

Supporting Member \$500/year for four (4) years or Lump Sum \$2,500

After the completion of initial five (5) year's dues commitment, membership expires. A member may continue his/her membership in any of the above categories of membership upon payment of annual dues and assessments, if any, or opt for life membership as checked below.

Currently I am a member in the Hindu Mandir of Central New York, Inc. in the category of (Circle One)  
BENEFACTOR          PATRON          SUSTAINING          SUPPORTING

I wish to upgrade my membership to:

Benefactor Member

Life Benefactor Member

Patron Member

Life Patron Member

Sustaining Member

Life Sustaining Member

Life Supporting Member

As a life member, I pledge to contribute ten times the regular amount due within the five (5) year period of this commitment or twelve and one-half times annual dues with a period of ten years of fifteen times annual dues within a period of fifteen years from the original date of the membership

I understand that the Corporation relies on my contribution and this letter represents a binding commitment.

I am enclosing a check in the amount of \$ \_\_\_\_\_ for my membership dues and/or requested upgrade.

Name \_\_\_\_\_

Phone No. (    ) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

