

# DADAVANI - AKRAM EXPRESS SUBSCRIPTION FORM

DATE -		
<b>PLEASE FILL IN BLOCK LETTERS</b>		
FIRST NAME		
LAST NAME		
ADDRESS 1		
ADDRESS 2		
CITY		
STATE		
ZIP CODE		
COUNTRY		
HOME PHONE		
CELL PHONE		
EMAIL		
<b>DADAVANI SUBSCRIPTION DETAILS:-</b>		
<b>RATE:- 1 YR @ \$15 OR 15 YRS @ \$150</b>		
LANGUAGE		
GUJARATI	<input type="checkbox"/> 1 Yr	<input type="checkbox"/> 15 Yrs
HINDI	<input type="checkbox"/> 1 Yr	<input type="checkbox"/> 15 Yrs
ENGLISH	<input type="checkbox"/> 1 Yr	<input type="checkbox"/> 15 Yrs
DADAVANI TOTAL		
<b>AKRAM EXPRESS SUBSCRIPTION DETAILS:-</b>		
<b>AMOUNT:- 1 YR @ \$15 OR 5 YRS @ \$60</b>		
LANGUAGE		
GUJARATI	<input type="checkbox"/> 1 Yr	<input type="checkbox"/> 5 Yrs
ENGLISH	<input type="checkbox"/> 1 Yr	<input type="checkbox"/> 5 Yrs
AKRAM EXPRESS TOTAL		
CHILD NAME		
CHILD GENDER	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
CHILD BIRTHDATE	(MM/DD/YYYY) -	
CHILD EMAIL		
TOTAL AMOUNT (DADAVANI + AKRAM EXPRESS)		
<b>PAYMENT METHOD</b>		
CASH		
CHEQUE DETAIL (MAKE PAYABLE TO RAJESHWARI PATEL)	BANK NAME	
	CHEQUE NUMBER	
	CHEQUE AMOUNT	
CASH / CHEQUE COLLECTOR NAME		
NOTES :-		

MAILING ADDRESS FOR THE CHECK:-  
 RAJESHWARI PATEL  
 177 CRESCENT STREET, APT# 21, SHREWSBURY, MA 01545  
 TEL # (508) 845-6585  
 EMAIL - [DADAVANI.U.S.A@DADABHAGWAN.ORG](mailto:DADAVANI.U.S.A@DADABHAGWAN.ORG)