

AMMA'S PENSIONS FOR WIDOWS & DESTITUTE WOMEN

Dear Devotee / Friend of Amma,

In 1998, Amma launched a pension project to help 50,000 destitute women throughout India. The money helps poverty-stricken women, many of whom are widows, to purchase necessities such as food, medicine and school books for children. The M.A. Math, Amma's Headquarters in Amritapuri, Kerala, South India distributes the pensions through its branch ashrams.

A widow's pension costs only 1200 Rupees annually. This is approximately AUD \$45 to support a widow and her children for a whole year.

On behalf of the M.A. Centre, you are invited to join other Australians in making Amma's vision a reality, and thereby help underprivileged Indian women and their children to overcome extreme poverty and disadvantage. Amma is thrilled when devotees are inspired to support Her charitable activities to uplift humanity.

If you would like to participate, please fill out the form below and make a payment of **\$45 per pension**.

Payment can be made by cheque/money order or credit card (Visa, MasterCard or Bankcard)

Please make cheques/money orders payable to AMRITA LTD and send to: P.O. Box 2969, Cheltenham, VIC 3192, Australia.

We can also be contacted on 03 9782 9398 by leaving a message, Fax 03 9782 9032 or email: amritalimited@ammaaustralia.org.au

If you would like to continue supporting this project, the pensions will be renewable annually.

Thank you for your kind contribution!

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| 'Amma's Pensions for Destitute Women Project' | |
| Yes, I would like to support Amma's vision to help 50,000 disadvantaged Indian women and their children. I wish to donate \$_____ to benefit _____ widows(s) for one year. (Please print details below) | |
| NAME: _____ | |
| ADDRESS: _____ | POST CODE _____ |
| EMAIL: _____ | PH: _____ MOB. _____ |
| METHOD OF PAYMENT: Cheque <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card <input type="checkbox"/> Card Type: _____ | |
| (*Cheques and money orders are payable to Amrita Limited) | |
| CARD HOLDERS NAME: _____ | |
| CARD NUMBER: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | EXPIRY DATE: ___ / ___ |
| SIGNATURE: _____ | DATE: _____ |