



Join the movement...

YU KarmaYoga Program

Name of Volunteer:

Phone & E-mail:

Volunteer Organization:

Number of Hours Completed:

Name of Contact Person at Organization:

Contact Phone & E-mail:

I confirm that the person named above donated hours to our organization by volunteering in the following way:

Contact Person's Signature:

Date:

Thank you for making our community better! Bring this completed form in to receive your 10-class punch card for 50% off regular price! (\$42.50)

--Lynda Sandoval, Studio Director

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